The Problem: Substance Abuse Prevalence & Trends

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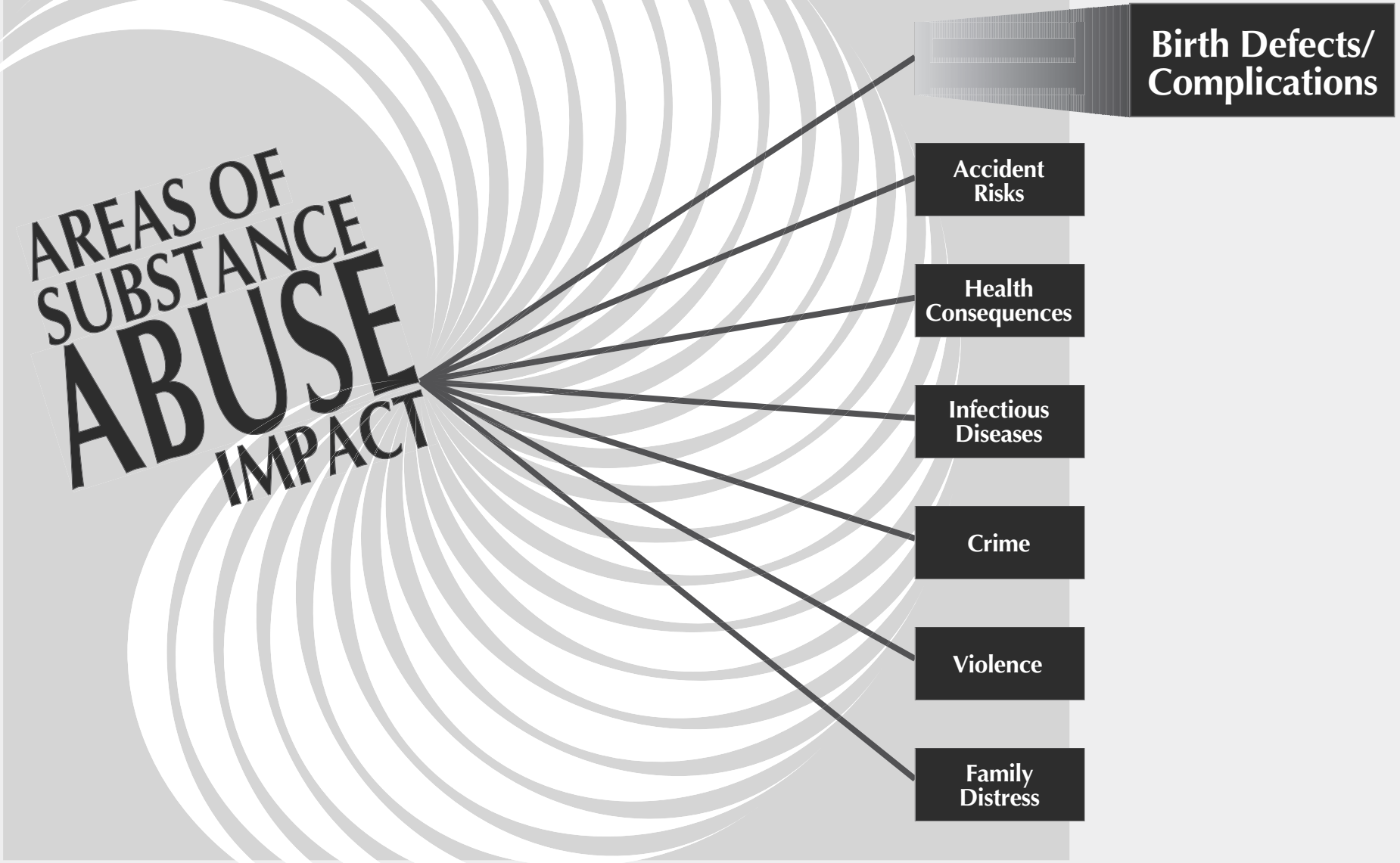
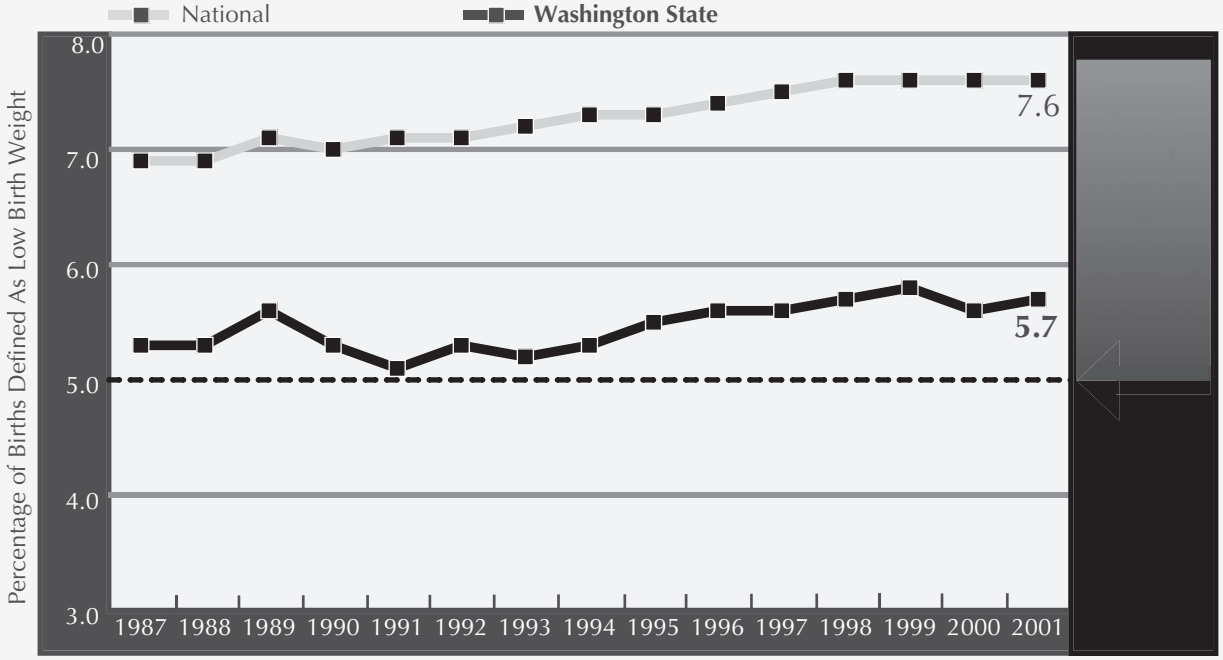


A Lower Percentage of Low Birth Weight Babies are Born in Washington State than Nationally.



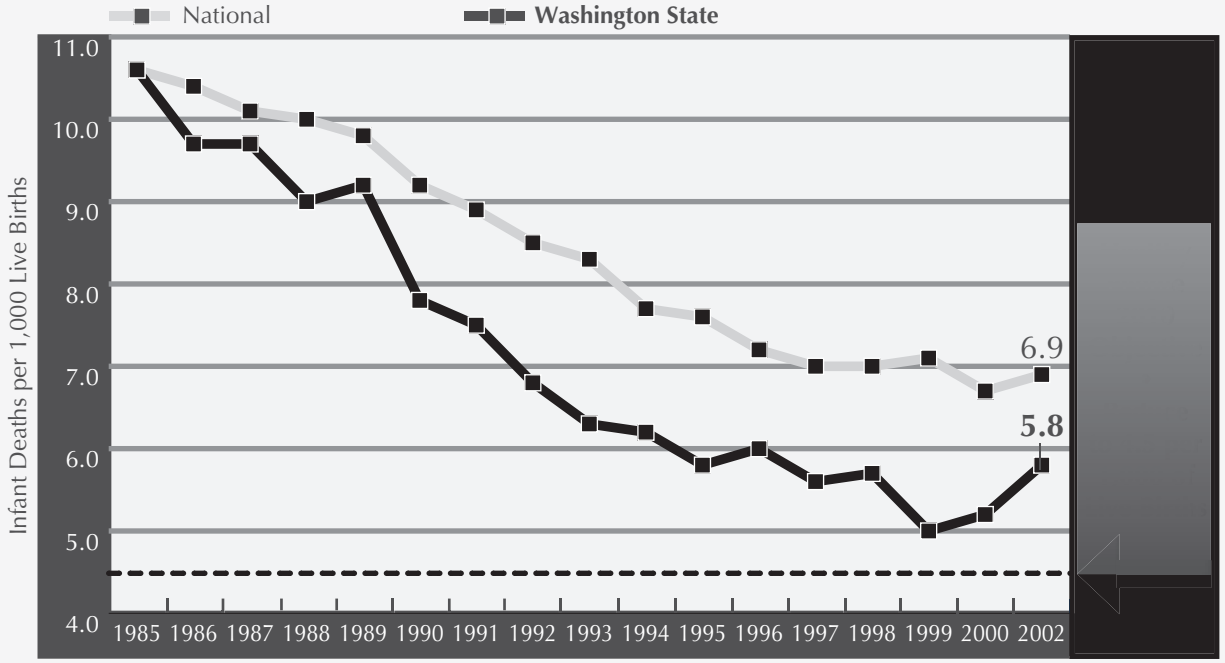
Source: National data from the National Vital Statistics System, National Center for Health Statistics, Centers for Disease Control and Prevention. State data from the Center for Health Statistics, Washington State Department of Health.

Smoking is associated with 20-30% of all low birth weight (LBW) births, as well as being the risk factor most closely associated with neonatal deaths.[1]

LBW infants are newborns weighing less than 2,500 grams (5 pounds, 8 ounces) and include those born prematurely and those whose intrauterine growth is retarded. LBW is associated with long-term disabilities, including cerebral palsy, autism, mental retardation, hearing impairments, and other developmental problems.[2] Two Washington studies reported fewer LBW births among substance-abusing women who received chemical dependency treatment during pregnancy.[3]

[1] U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition), 16-4; 16-34. Washington, DC, 2000.
[2] Ibid.
[3] Krohn. M. "Preliminary Findings for MOMS Project", *Focus*, 1993. Olympia, WA: Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse. Shrager, L., Kenny F., and Cathon, L. *Substance Abuse Treatment for Female DASA Clients: Treatments, Birth Outcomes, and Demographic Profiles*. Olympia, WA: Washington State Department of Social and Health Services, Office of Research and Data Analysis, 1993.

Washington State Has a Lower Infant Death Rate than the Nation, Though There Was a Significant Increase in 2001.



Source: National data from the National Vital Statistics System, National Center for Health Statistics, Centers for Disease Control and Prevention. State data from the Center for Health Statistics, Washington State Department of Health.

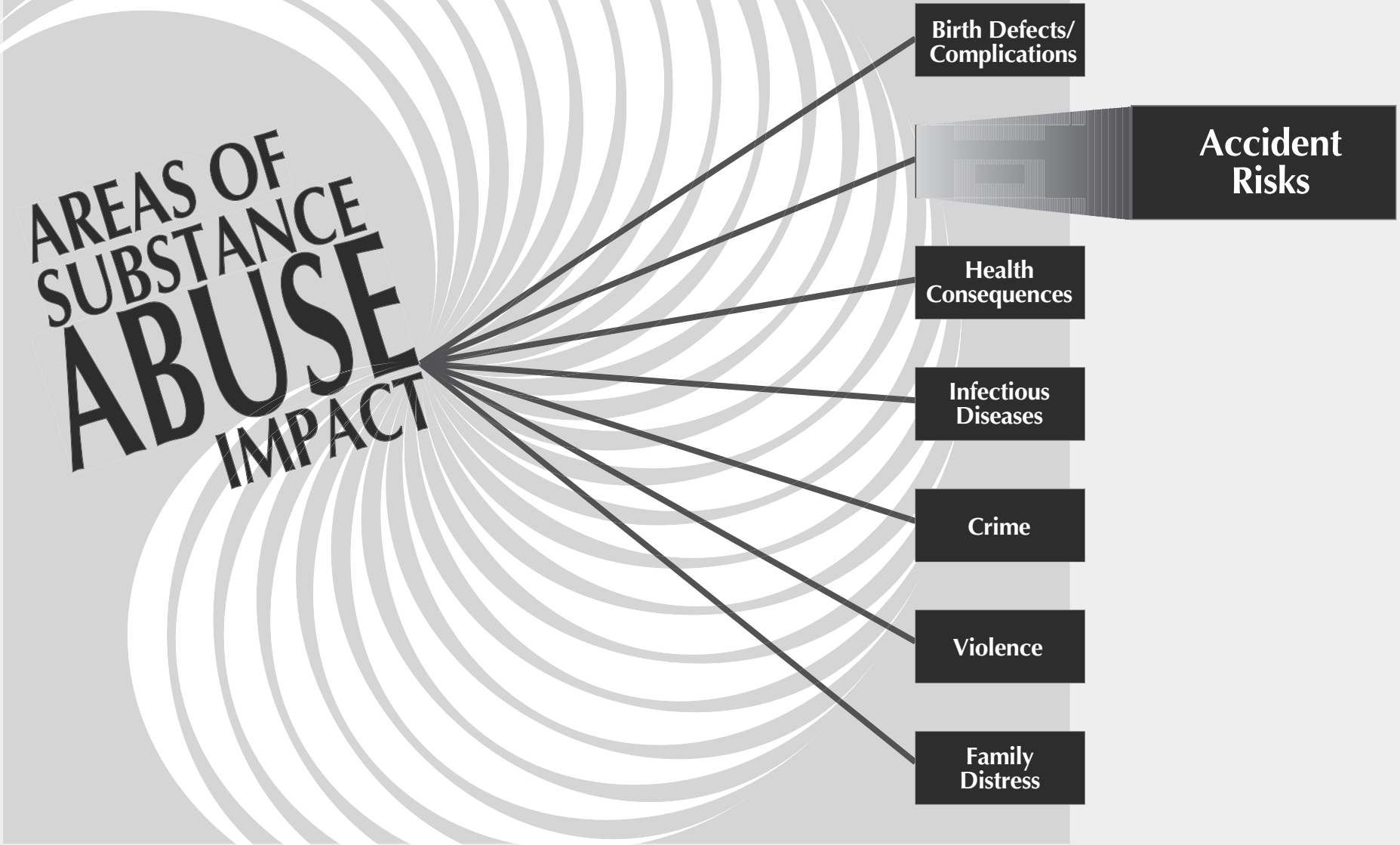
There is a clear association between overall rates of alcohol use during pregnancy and infant death rates. Infant mortality rates for children born to mothers on Medicaid in Washington State and identified as substance abusers are more than twice as high as those for infants born to mothers on Medicaid not so identified.[1]

Infant death rates represent the number of infants per thousand live births who die within their first year of life. Sudden Infant Death Syndrome (SIDS) accounts for nearly one-third of all infant deaths after the first month of life.[2] SIDS has been linked with passive smoking in the infant's environment and maternal smoking during the time period of breastfeeding.[3]

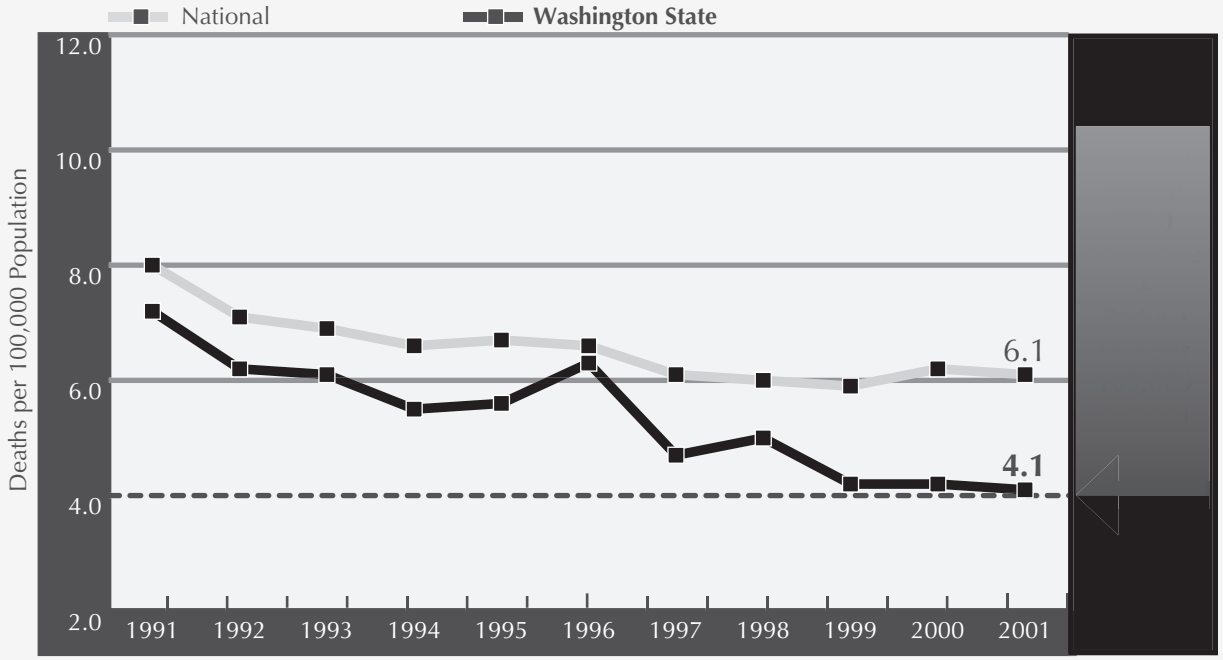
Washington State has had consistently lower infant death rates than the nation. Rates have been dropping for the past 15 years. Advances in medical technology, coupled with public education campaigns to ensure infants are put to sleep on their backs to lower SIDS risk, are primarily responsible for the downward trend. The statistics for 2001 represent a potential change in trend.

[1] First Steps Database, 1990-1997. Olympia, WA: Washington State Department of Social and Health Services, Research and Data Analysis, 1999.
[2] U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition), 16-1. Washington, DC, 2000.
[3] Klonoff-Cohen, H. et al. "Effect of Passive Smoking and Tobacco Exposure Through Breast Milk on Sudden Infant Death Syndrome," *Journal of the American Medical Association*, March 8, 1995.

The Problem: Substance Abuse Prevalence & Trends



New Driving-Under-the-Influence (DUI) Statutes in Washington State are Closely Associated with Lower Rates of Alcohol-Related Motor Vehicle Fatalities.



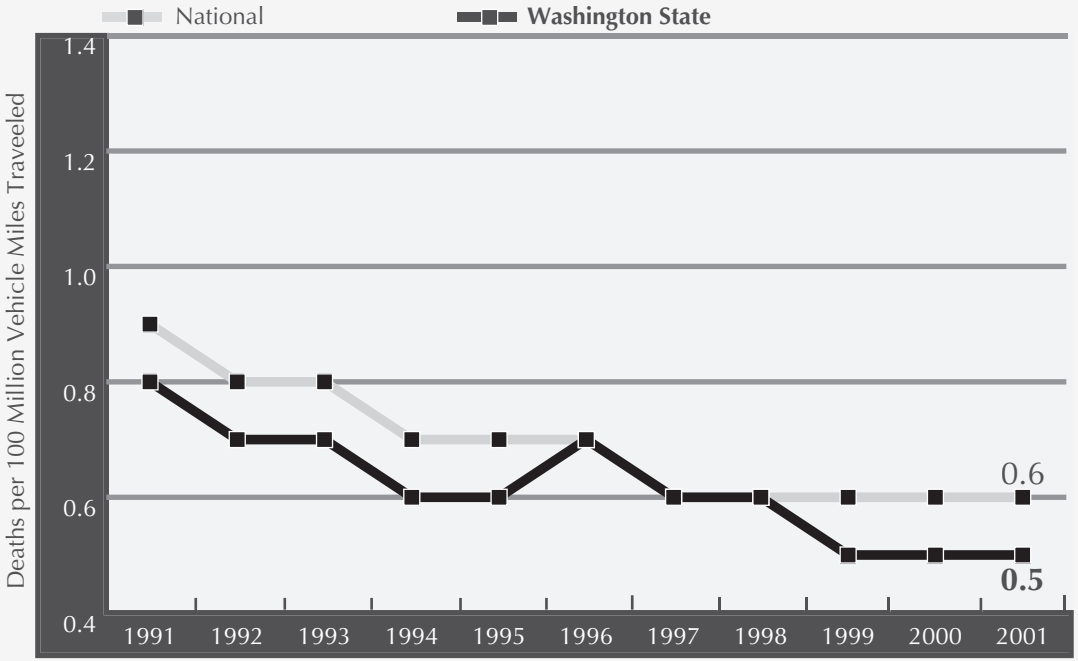
Source: National and state data from the Fatal Accident Reporting System, Washington Traffic Safety Commission.

Enhancements to Washington State's Driving-Under-the-Influence (DUI) statutes, including a lowering of the blood-alcohol concentration (BAC) necessary for a DUI determination from .10% BAC to .08% BAC, went into effect in 1999. Since then, the rate of alcohol-related motor vehicle traffic fatalities has dropped substantially.[1] Similar changes have not been demonstrated nationwide. Lower fatality rates are also associated with increased use of safety restraints, enforcement of minimum drinking age and zero tolerance laws.[2] They may also be associated with enforcement of lower speed limits. The alcohol-related fatality rate for youth is higher than for adults, but has dropped more than 50% since 1982, mostly as a result of enforcement of minimum drinking age laws.[3]

The number of alcohol-related motor vehicle fatalities in Washington State has declined from 361 in 1991 to 243 in 2001, a drop of almost 50%.

[1] Salzberg, Philip, and Anne Yamada. *Drunk Driving Trends in Washington State: Evaluation of the 1998 DUI Laws.* Olympia, WA: Traffic Research and Data Center, Washington State Traffic Safety Commission, 2002.
[2] Research and Development, National Center for Statistics & Analysis, National Highway Traffic Safety Administration. *Traffic Safety Facts 2000-Alcohol.* Washington, DC: U.S. Department of Transportation, 2001.
[3] U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition), 26-14. Washington, DC: 2000.

The Death Rate from Alcohol-Related Motor Vehicle Crashes per 100 Million Miles Traveled Now Stands at All-Time Lows.

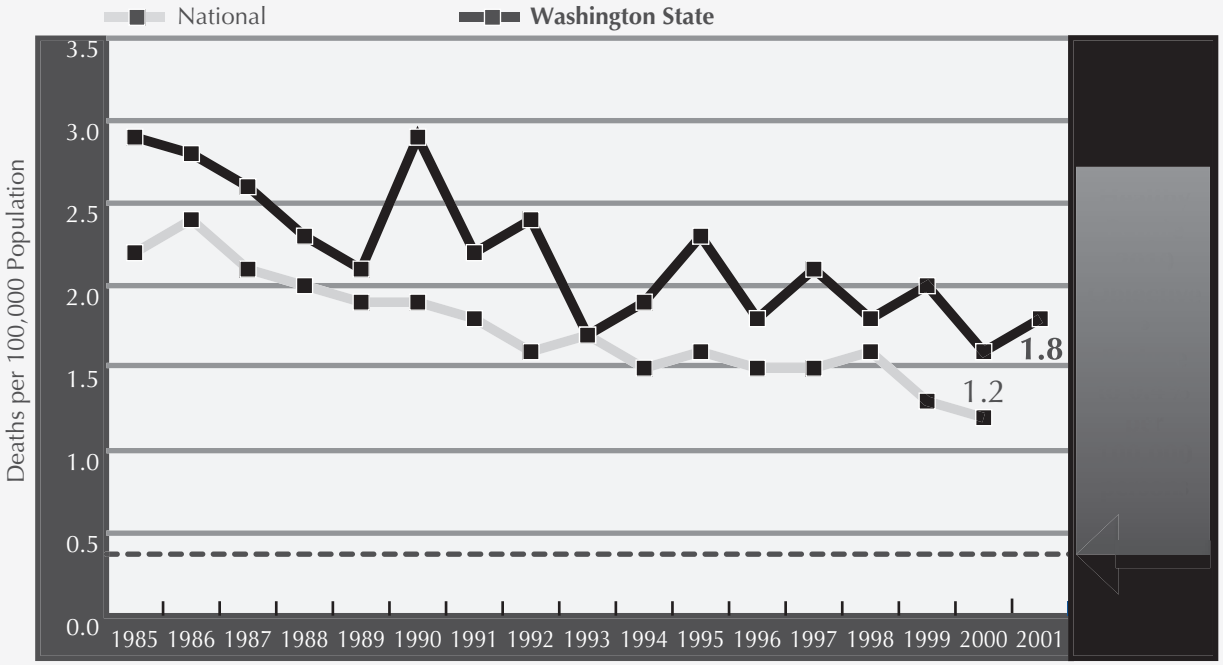


Source: National data from the National Center for Statistics & Analysis, National Highway Safety Traffic Administration. State data from the Fatality Analysis Reporting System, Washington Traffic Safety Commission.

In 2001, the motor vehicle fatality rate per 100,000 vehicle miles driven reached historic lows, both nationally and in Washington State. Lower fatality rates are associated with the increased use of safety restraints, enforcement of minimum drinking age and zero tolerance laws, and statutes setting lower blood alcohol concentration (BAC) standards for driving-under-the-influence.[1]

[1] Research and Development, National Center for Statistics & Analysis, National Highway Traffic Safety Administration. *Traffic Safety Facts 2000—Alcohol.* Washington, DC: U.S. Department of Transportation, 2001.

Washington State Has a Higher Rate of Deaths Due to Drowning than the Nation.



Source: National data from the National Vital Statistics System, National Center for Health Statistics, Centers for Disease Control and Prevention. State data from the Center for Health Statistics, Washington State Department of Health.

Alcohol is involved in approximately 50% of deaths associated with water recreation.[1]

This graph indicates that the rate of drowning deaths in Washington State has been consistently higher than the national rate. There were 107 drowning deaths in Washington State in 2001, up from 92 in 2000. Nationally, drowning is the second leading cause of injury-related deaths for children and youth ages 1-19.[2]

[1] U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition), 15-40. Washington, DC: 2000.
[2] Ibid.

NEW/CHANGING TREND

The Rate of Deaths Due to Residential Fires in Washington State is Rising.

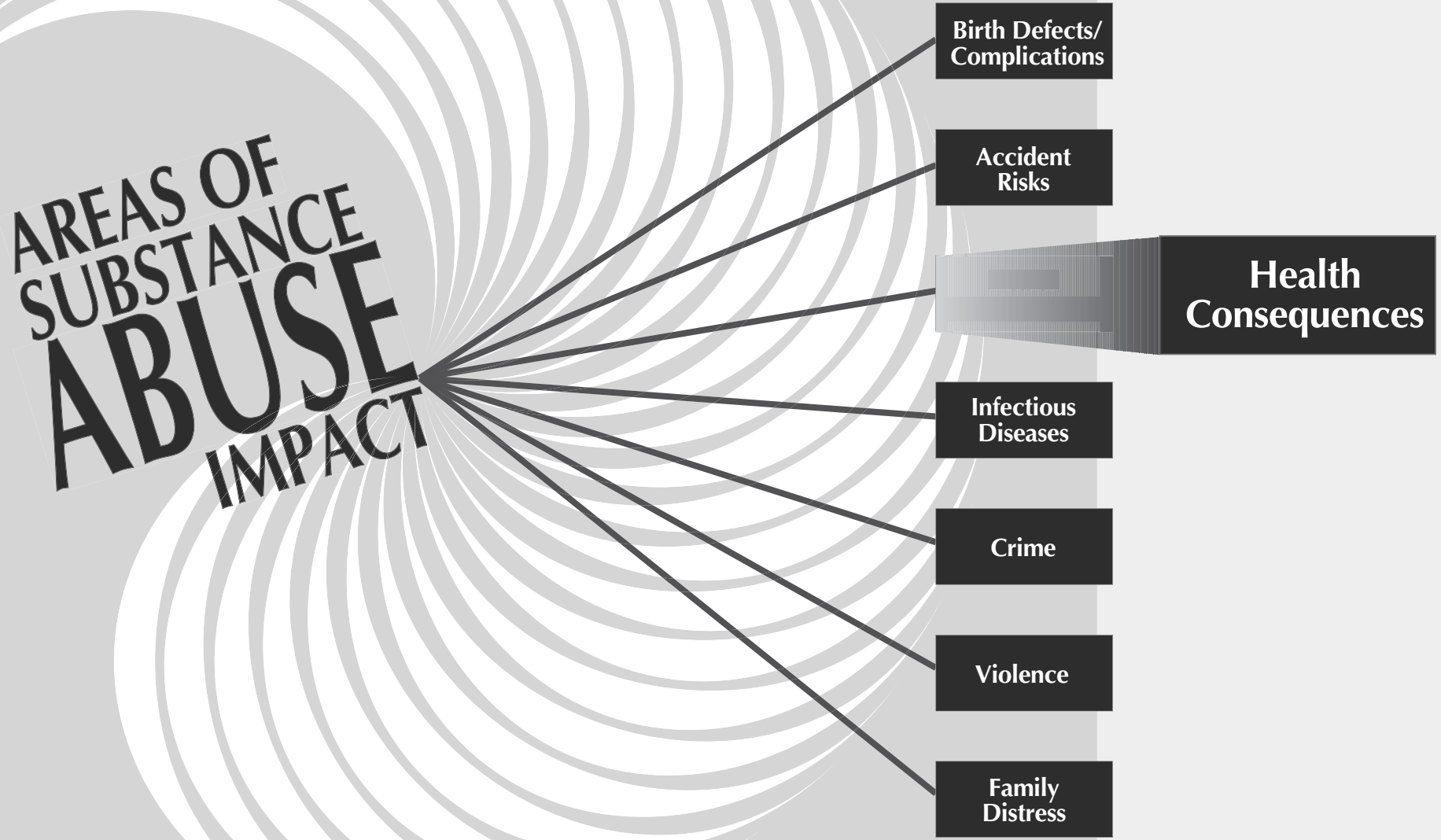
Source: National data from the National Vital Statistics System, National Center for Health Statistics, Centers for Disease Control and Prevention. State data from the Center for Health Statistics, Washington State Department of Health.

This graph indicates that the rate of deaths due to residential fires in Washington State is on the rise. There were 63 such deaths in 2001, as compared with 39 in 1997.

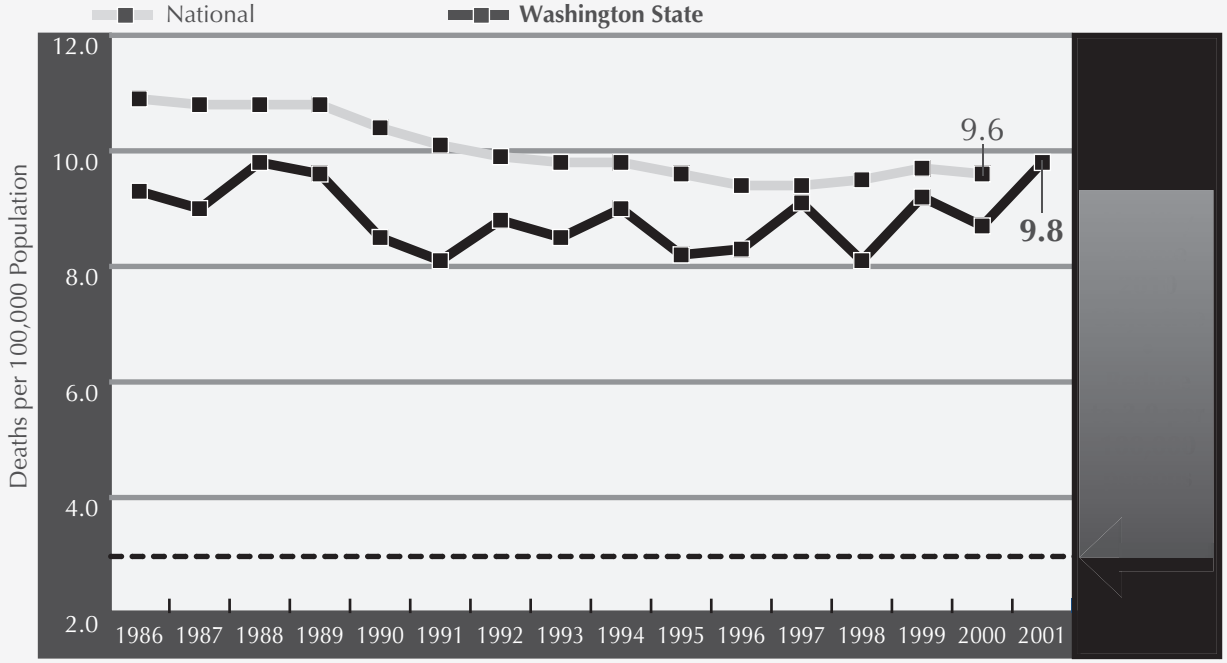
Fires are the second leading cause of unintentional injury death among children. Compared to the total population, children ages four and under have a fire death rate more than twice the national average. Two-thirds of fire-related deaths and injuries among children under age five occur in homes without working smoke alarms.[1]

[1] U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition), 15-35. Washington, DC: 2000.

The Problem: Substance Abuse Prevalence & Trends



Deaths in Washington State Due to Chronic Liver Disease and Cirrhosis are at Their Highest Rate in a Decade.



Source: National data from the National Vital Statistics System, National Center for Health Statistics, Centers for Disease Control and Prevention. State data from the Center for Health Statistics, Washington State Department of Health.

Cirrhosis occurs when healthy liver tissue is replaced with scarred tissue until the liver is unable to function effectively. Sustained heavy alcohol consumption is the leading cause of cirrhosis.[1]

For the first time in a decade, the death rate due to chronic liver disease in Washington State appears to match the national rate.

[1] U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition), 26-16. Washington, DC, 2000.

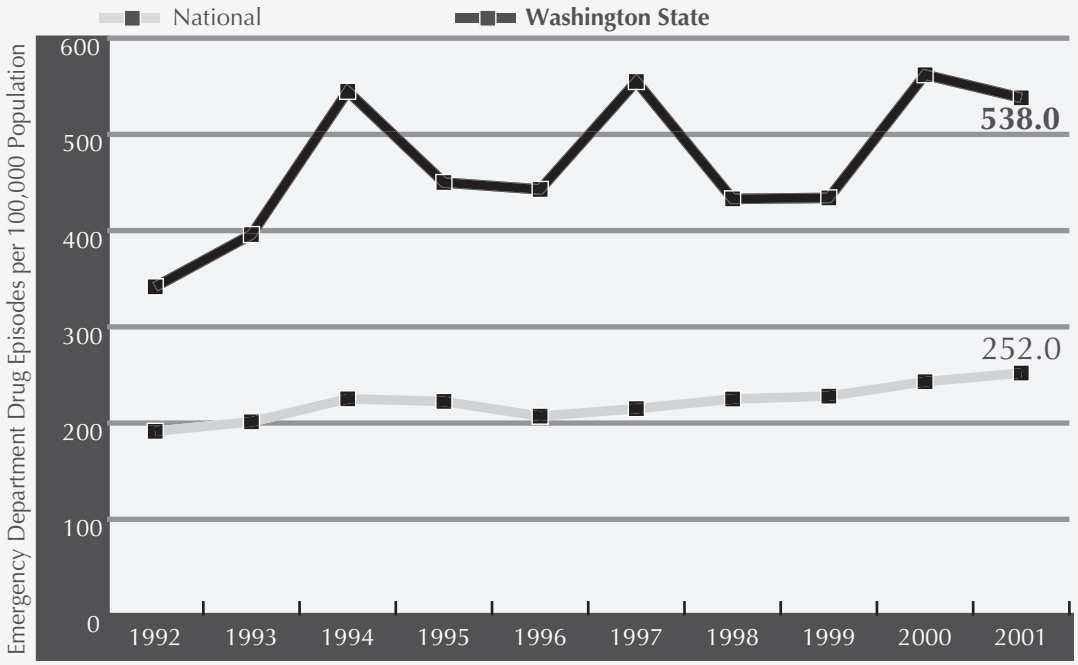
The Drug-Induced Death Rate in Washington State is More than Double What It was in 1991.

Source: National data from the National Vital Statistics System, National Center for Health Statistics, Centers for Disease Control and Prevention. State data from the Center for Health Statistics, Washington State Department of Health.

Drug-related death data provide a direct indication of the high human and social costs of drug use. Causes of death classified as drug-related include drug psychosis, drug dependence, suicide, and intentional and unintentional poisoning resulting from illicit drug use.

This graph indicates that Washington State has had a consistently higher drug-induced death rate than the nation. This rate is more than twice as high as it was in 1991.

The Seattle Metropolitan Area Has a Higher Rate of Drug-Related Emergency Room Visits than the Nation.

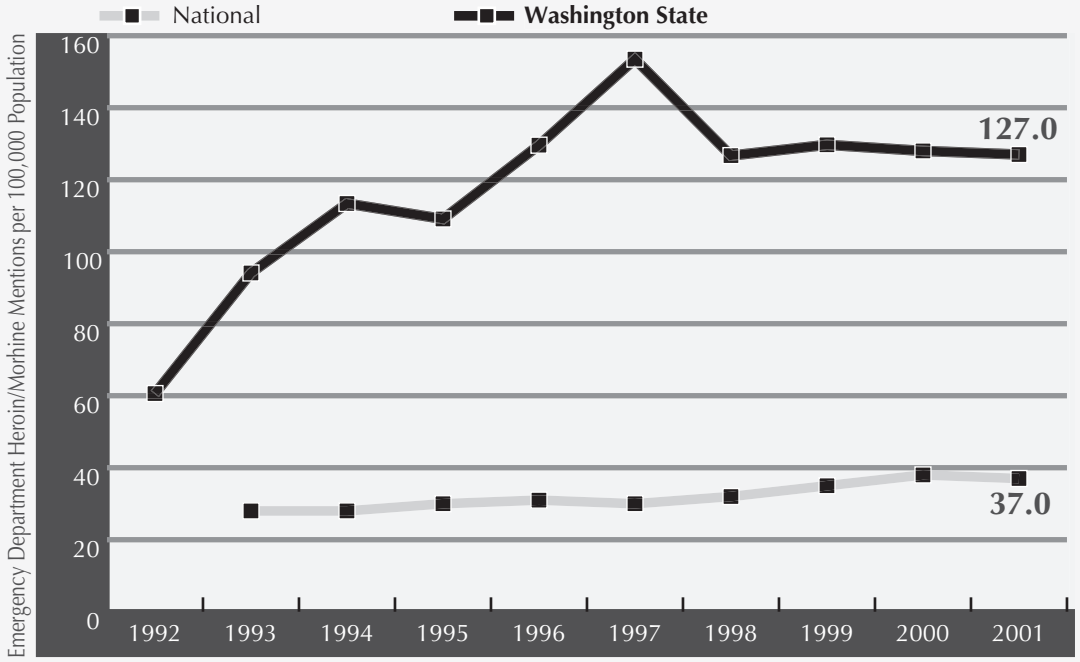


Source: Office of Applied Studies, Substance Abuse Mental Health Services Administration, Drug Abuse Warning Network (DAWN).

This graph indicates that the Seattle metropolitan area (the only area in Washington State for which this information is available) has a higher rate than the nation for drug-related emergency room visits.

The federal Drug Abuse Warning Network defines an emergency department visit as drug-related whenever the visit is a result of the non-medical use of a drug. Non-medical drug use includes use of illicit drugs, use of prescription drugs in a manner inconsistent with accepted medical practice, and the use of over-the-counter drugs contrary to approved labeling.

Rates of Emergency Department Mentions of Heroin/Morphine in Seattle-King County Have Stabilized Since 1997.



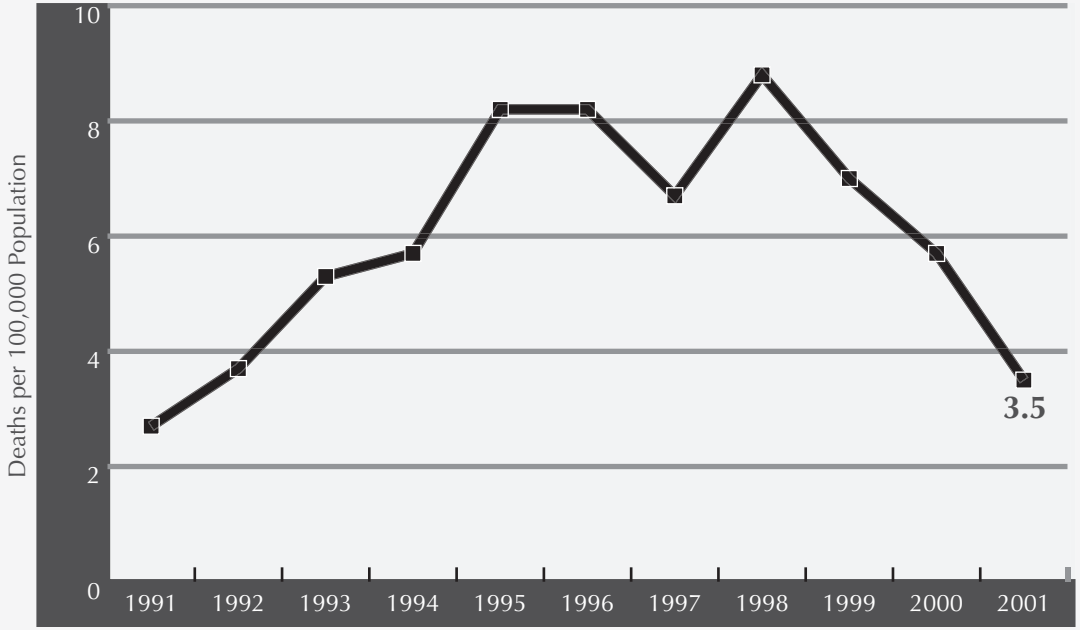
Source: Office of Applied Studies, Substance Abuse Mental Health Services Administration, Drug Abuse Warning Network (DAWN).

This graph indicates that after doubling between 1992 and 1997, the steep rise in emergency department mentions of heroin/morphine in Seattle-King County has leveled off. At the same time, there has been a steep decline in the number and rate of heroin-related deaths.

Some of this leveling off may be due to expanded treatment capacity for individuals with heroin addiction. However, there are still substantial waiting lists – with waits sometimes for years – for publicly funded opiate substitution (methadone) treatment in King County, and throughout the state.[1] Within King County alone, there is currently a waiting list of more than 500 people who have requested treatment but are unable to access it because of limited treatment capacity and/or funding limitations.[2]

[1] King County Bar Association. "Statement on Methadone and Waiting Lists – November 2002."
[2] Heroin Task Force Report. *Confronting the Problem of Heroin Abuse in Seattle and King County*. Seattle, WA: Public Health—Seattle & King County, August 2001.

Rates of Heroin-Related Deaths in Seattle-King County Have Declined Substantially Since 1998.



Source: King County Medical Examiner.

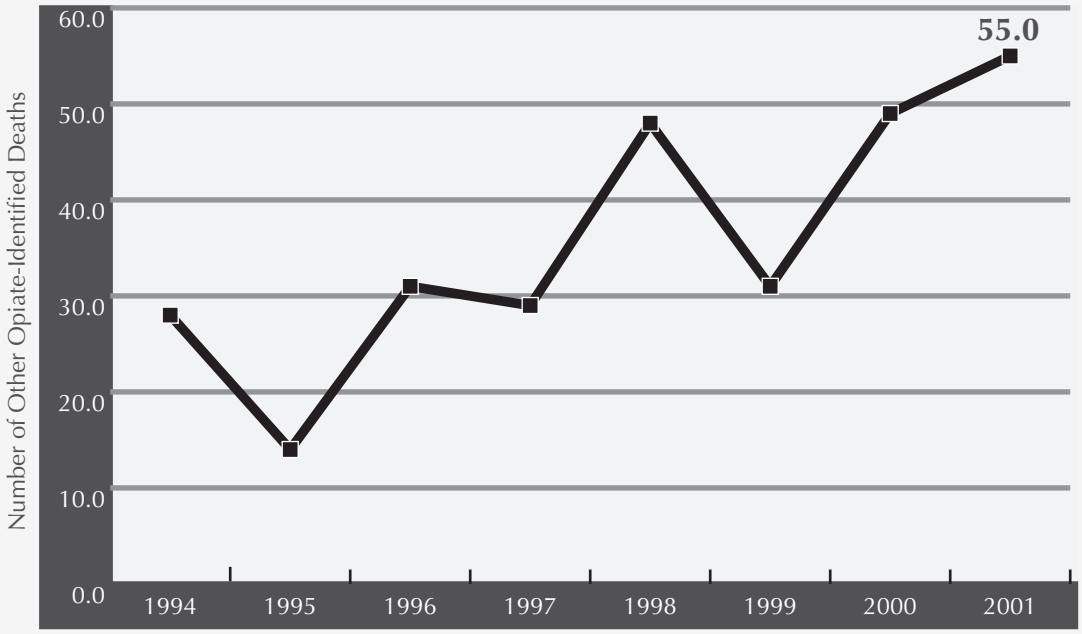
This graph indicates that while the rate of heroin-related deaths in Seattle-King County increased fourfold from 1991-1998, they have declined by more than 57% since then, from a total of 143 deaths in 1998 to 61 in 2001.

Much of this decline is likely due to public health measures adopted by city and county governments to address heroin addiction. King County authorized a 50% expansion in the number of opiate substitution treatment slots, and authorized a mobile methadone clinic. They have also provided preventive and limited substance abuse treatment services in the local criminal justice system, and expanded the availability of drug-free housing for individuals in recovery. Recently, however, new treatment admissions have also declined, probably because effective treatment is resulting in longer treatment stays, and correspondingly fewer open treatment slots.[8]

[8] Banta-Green, Caleb et al. "Recent Drug Abuse Trends in the Seattle-King County Area," *Epidemiologic Trends in Drug Abuse*, June 2002.

NEW/CHANGING TREND

The Number of Other Opiates* Identified in Drug-Caused Deaths in King County has Doubled Since 1994.



Source: King County Medical Examiner.

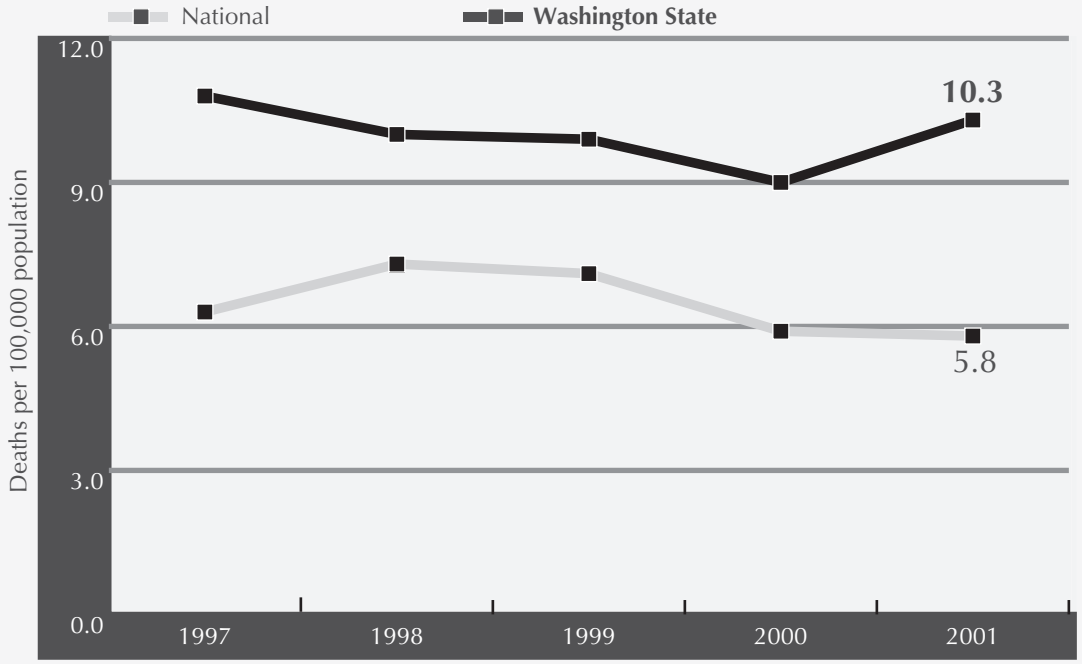
The use of other opiates in pain management has risen substantially in recent years. As the population ages, and as medical science is better able to manage conditions which previously would have resulted in more rapid death, the use of pain management medications plays an important role in increasing quality of life.

The expanded prescriptive use of other opiates, however, creates new opportunities for diversion and illicit use. According to the local office of the federal Drug Enforcement Agency, hydrocodone is the most commonly diverted other opiate. There has been a significant increase in mentions of oxycodone among drug-related deaths, from four in 1999 to 18 in 2001. OyxContin, illicit use of which has become epidemic in other parts of the U.S., is a time-release formulation of oxycodone.[1]

* *Defined as opiates other than heroin or morphine. These include: codeine, dihydrocodeine, fentanyl, hydrocodone, methadone, oxycodone, and propoxyphene. There are more mentions than deaths because some individuals had multiple other opiates detected at time of death.*

[1] Banta-Green, Caleb et al. "Recent Drug Abuse Trends in the Seattle-King County Area," *Epidemiologic Trends in Drug Abuse*, June 2002.

Washington State Has a Higher Alcohol-Induced Death Rate than the Nation.



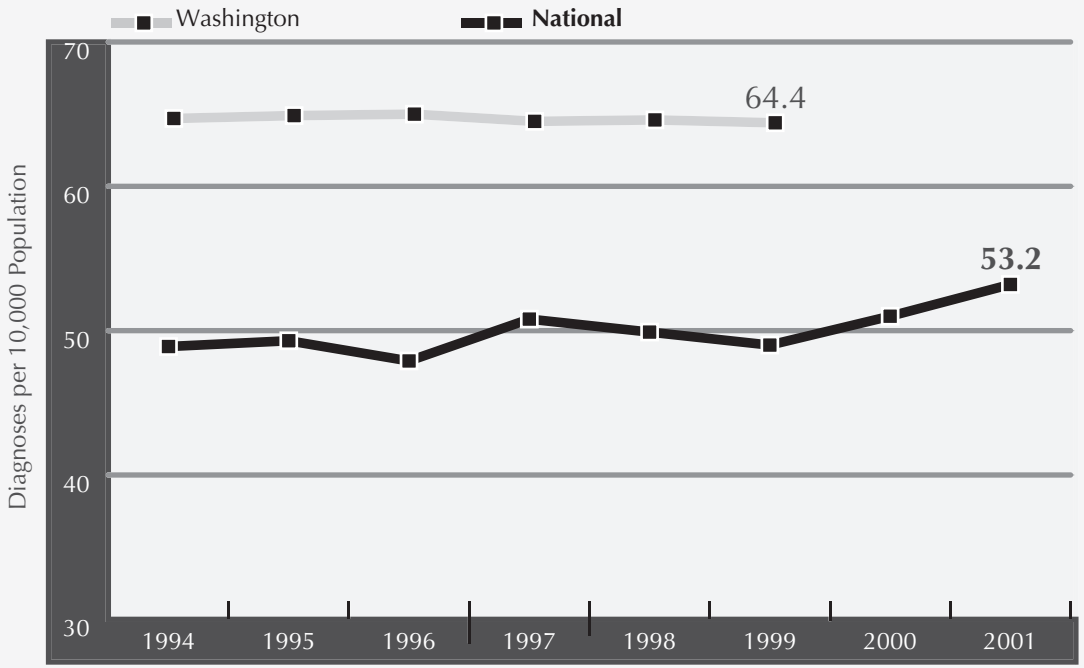
Source: National data from the National Vital Statistics System, National Center for Health Statistics, Centers for Disease Control and Prevention. State data from the Center for Health Statistics, Washington State Department of Health.

Alcohol-related death data provide a direct indication of high human and social costs of alcohol use. Long-term heavy drinking increases risks for high blood pressure, heart rhythm irregularities (arrhythmias) and heart muscle disorders (cardiomyopathy), and stroke. It increases risks for certain forms of cancer, especially esophagus, mouth, throat, and larynx, for cirrhosis and other liver disorders, and worsens outcomes for individuals with hepatitis C. It is also linked with death from traffic crashes, falls, fires, and drowning, and is associated with homicide, suicide, domestic violence, and child abuse.[1]

This graph indicates that Washington State has had a consistently higher alcohol-induced death rate than the nation. It should also be noted that the alcohol-induced death rate in Washington State is consistently higher than the drug-induced death rate.

[1] U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition), 26-4. Washington, DC, 2000.

The Rate of Alcohol-Related Diagnosis Among Acute Hospital Discharges Has Remained Relatively Static.



Source: National data from Alcohol Epidemiology Data System, Division of Biometry and Epidemiology, National Institute, "Surveillance Report #58 (Revised): Trends in Alcohol-Related Morbidity Among Short-Stay Community Hospital Dischards, United States, 1979-99". State data from the Comprehensive Hospital Abstract Report System (CHARS), Washington State Department of Health.

Alcohol-related diagnoses are defined as discharges from acute care hospitals associated with primary alcohol-related conditions such as alcohol psychoses, alcohol dependence syndrome, nondependent abuse of alcohol, and chronic liver disease and cirrhosis. They do not include alcohol-related trauma such as injuries from motor vehicle crashes, or discharges associated with maternity stays. There were 24,637 primary alcohol-related diagnoses discharges from Washington State hospitals in 2001.

The Lung Cancer Death Rate in Washington State Has Risen in the Past Five Years.

Source: National data from the National Vital Statistics System, National Center for Health Statistics, Centers for Disease Control and Prevention. State data from the Center for Health Statistics, Washington State Department of Health.

The vast majority of lung cancer cases are attributable to cigarette smoking, accounting for 68-78% of lung cancer deaths among females, and 88-91% of deaths among males. Smoking cessation decreases the risk of lung cancer to 30-50% of that of continuing smokers after ten years of abstinence.[1]

This graph indicates that the death rate from lung cancer in Washington State has risen in the past five years. Lung cancer is the most common category of cancer mortality in the U.S.

[1] U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition), 3-12, Washington, DC, 2000.

The Death Rate in Washington State from Chronic Lower Respiratory Disease is Rising.

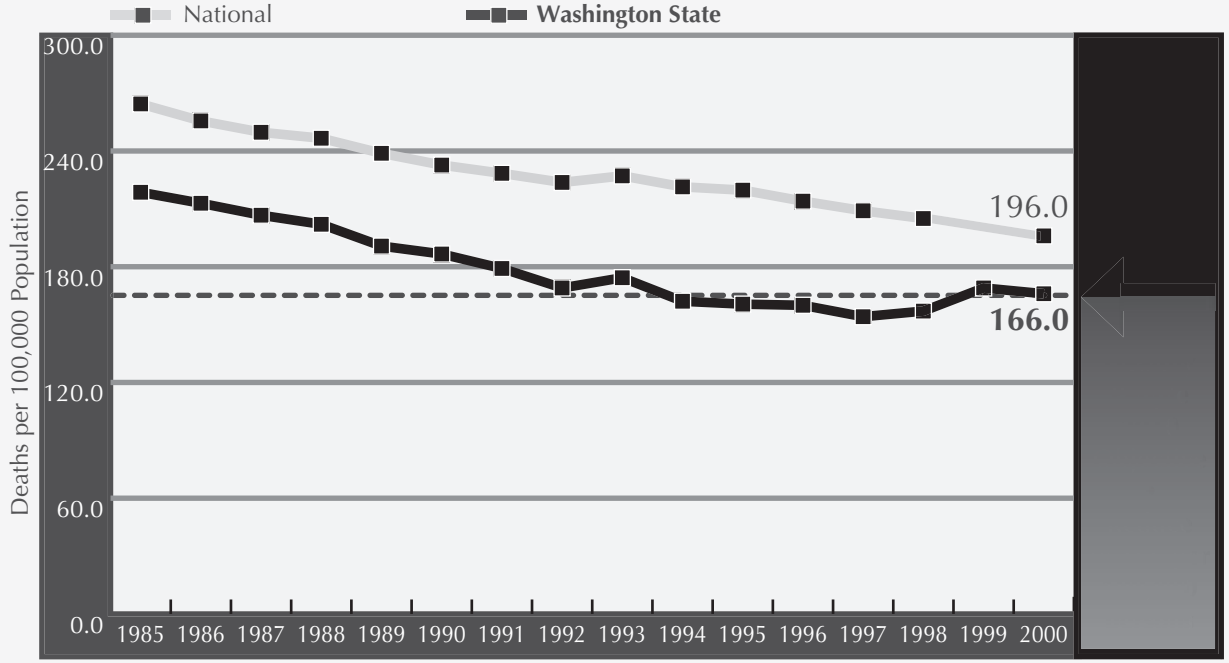
Source: National data from the National Vital Statistics System, National Center for Health Statistics, Centers for Disease Control and Prevention. State data from the Center for Health Statistics, Washington State Department of Health.

Chronic lower respiratory disease (formerly known as chronic obstructive pulmonary disease) occurs most often in people over age 65. Between 80-90% of cases are attributable to cigarette smoking.[1]

This graph indicates that the mortality rate from chronic lower respiratory disease both in Washington State and nationally has been rising. It is now the fourth leading cause of death in Washington State. Chronic lower respiratory disease includes chronic bronchitis and emphysema, both of which are characterized by irreversible airflow obstruction. Both conditions often exist together.[2]

[1] U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition), 24-8. Washington, DC, 2000.
[2] *Ibid.*

The Coronary Heart Disease Death Rate in Washington State is Lower than the Nation.



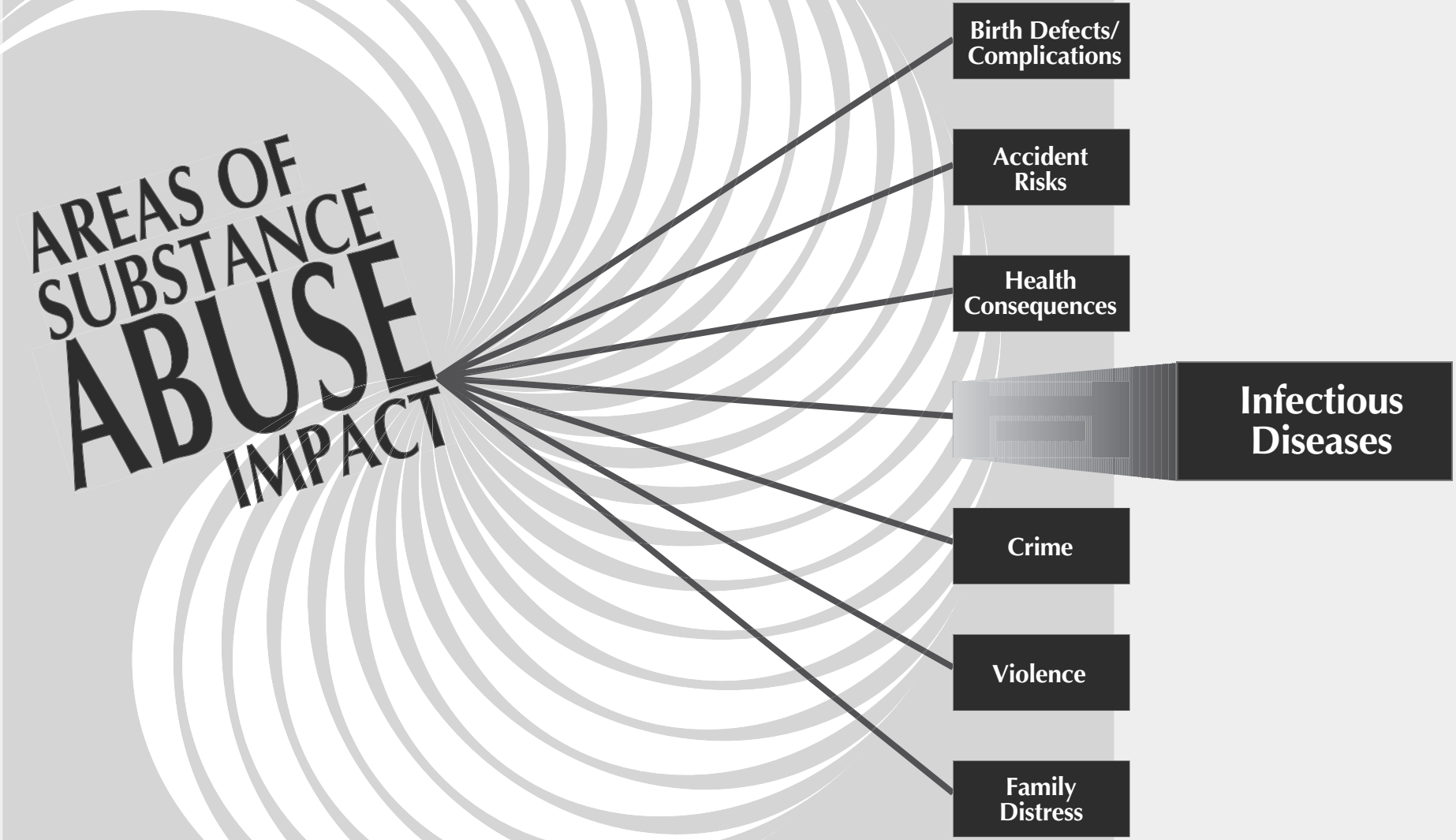
Source: National and state data from the National Vital Statistics System, National Center for Health Statistics, Centers for Disease Control and Prevention.

Heart disease is the leading cause of mortality in the U.S., and coronary heart disease accounts for the largest portion of heart disease deaths. About 12 million Americans have coronary heart disease. Prevention strategies include reducing high blood cholesterol, high blood pressure, obesity and excessive weight gain, and cigarette smoking, as well as increasing amounts of physical activity.[1]

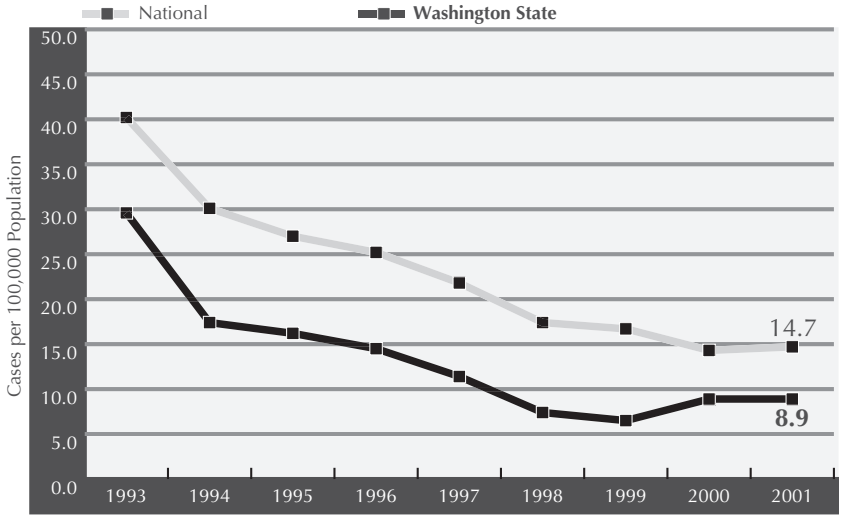
This graph indicates that the death rate from coronary heart disease in Washington State is consistently lower than the nation's, and is close to the *Healthy People 2010* target objective.

[1] U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition), 12-6. Washington, DC, 2000.

The Problem: Substance Abuse Prevalence & Trends



The Reported AIDS Case Rate in Washington State is Lower than the Nation.*



Source: National and state data from the Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report – December 2001,* 13(2).

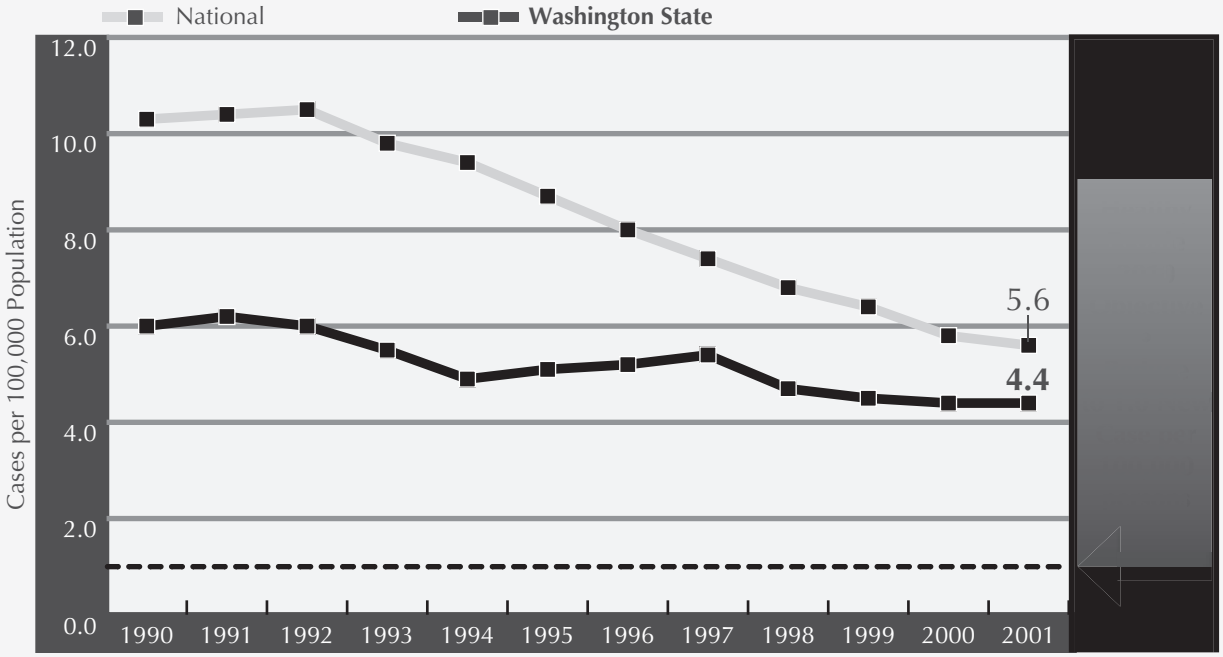
From January 1982 through December 2002, 10,384 AIDS (Acquired Immune Deficiency Syndrome) cases were reported in Washington State, and there were 5,695 deaths from the disease. There are currently 4,689 Washington residents living with AIDS. Through 2002, 18% of AIDS cases in Washington State were traceable to possible exposure from injection drug use, substantially lower that the percentage of cases attributed to injection drug use nationally.[1] Studies have shown that cities that implemented needle exchange programs early in the AIDS epidemic – such as Seattle and Tacoma – have much lower infection rates among injection drug users (IDUs).

This graph indicates that the reported AIDS case rate in Washington is consistently lower than the nation's. Since 1993, the AIDS case rate has generally been in decline, reflecting the effectiveness of new treatments in preventing HIV (human immunodeficiency virus) infection from progressing to AIDS. However, the recent increase in the case rate in Washington State likely reflects the growing failure of anti-retroviral medications to work over sustained periods of time, as well as larger number of individuals seeking treatment.[2] The AIDS case rate in Seattle rose from 11.8 per 100,000 population in 2000 to 14.3 per 100,000 in 2001.[3]

**Case counts are provisional; reporting is considered incomplete for several years.*

[1] Office of HIV Prevention and Education, Washington State Department of Health, 2002.
[2] Infectious Disease and Reproductive Health Unit, Washington State Department of Health, 2002.
[3] Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report – December 2001,* 13(2).

Washington State Has a Lower Rate of New Tuberculosis Cases than the Nation.

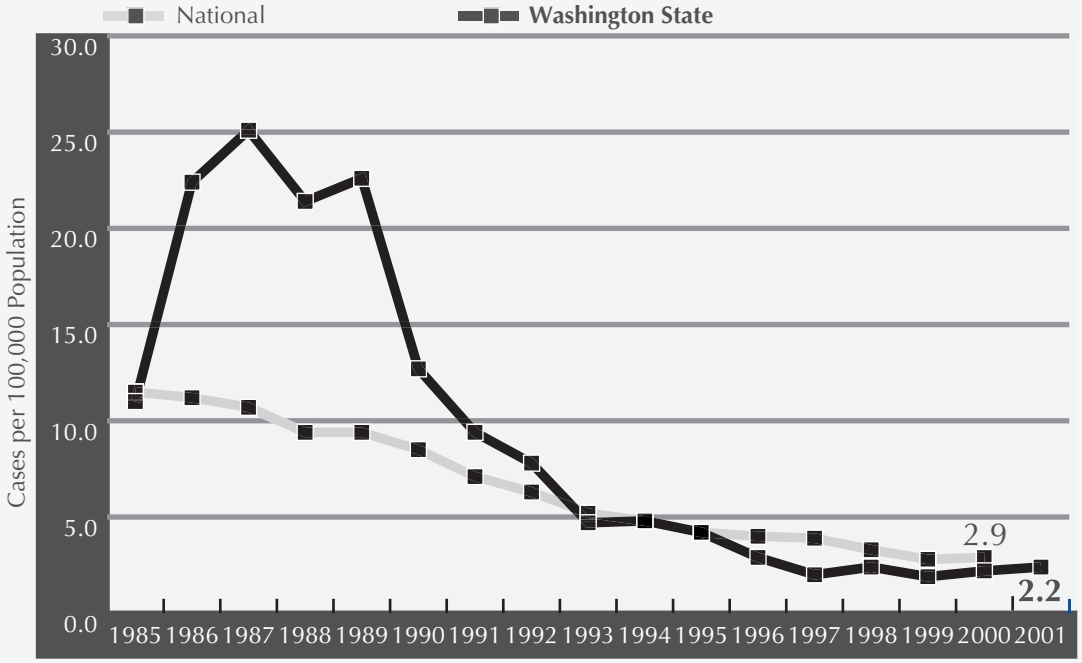


Source: National data from the National Vital Statistics System, National Center for Health Statistics, Centers for Disease Control and Prevention. State data from Assessment Unit – Infectious Disease and Reproductive Health, Washington State Department of Health.

Multiple risk factors, including poverty, homelessness, substance abuse, gaps in health care infrastructure, and the human immunodeficiency virus (HIV) epidemic, are associated with new tuberculosis cases. Assuring that patients with active tuberculosis infection complete curative therapy early is essential to curbing the disease's spread. Washington State has adopted treatment provider regulations to screen all chemical dependency patients to help prevent and control the spread of the disease.

This graph indicates that Washington has had a consistently lower tuberculosis rate than the nation. After a national and state resurgence in the early 1990s, the tuberculosis epidemic appears to have receded.

The Rate of Acute Hepatitis B in Washington State Has Declined in the Past Decade.



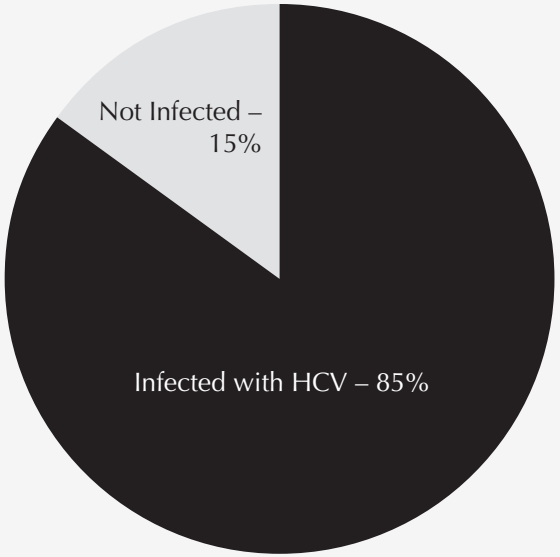
Source: National Data from the Epidemiology Program Office, National Notifiable Disease Surveillance System, Centers for Disease Control and Prevention. State data from Washington State Department of Health, *EpiTrends* 7(1), January 2002.

Injection drug use is a major risk factor for hepatitis B infection. Most cases occur in young adult risk groups, including persons with a history of multiple sex partners, men who have sex with men, injection drug users, incarcerated persons, and household and sex contacts of infected partners.[1]

This graph indicates that the rate for acute hepatitis B cases in Washington State has declined steadily over the past decade (only acute cases are reportable in Washington). Hepatitis B is a serious disease that attacks the liver and is associated with cirrhosis, liver cancer, and liver failure. It is transmitted through blood, blood products, and sexual fluids. The hepatitis B virus (HBV) may be carried chronically without sign of infection, and transmitted perinatally. There is now a routine childhood vaccination for HBV.

[1] U. S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition), 14-15. Washington, DC, 2000.

Some 85% of Injection Drug Users in King County are Infected with Hepatitis C Virus (HCV)



Source: Community Epidemiology Work Group, National Institute on Drug Abuse, National Institutes of Health, *Recent Drug Trends in the Seattle-King County Area,* June 2001.

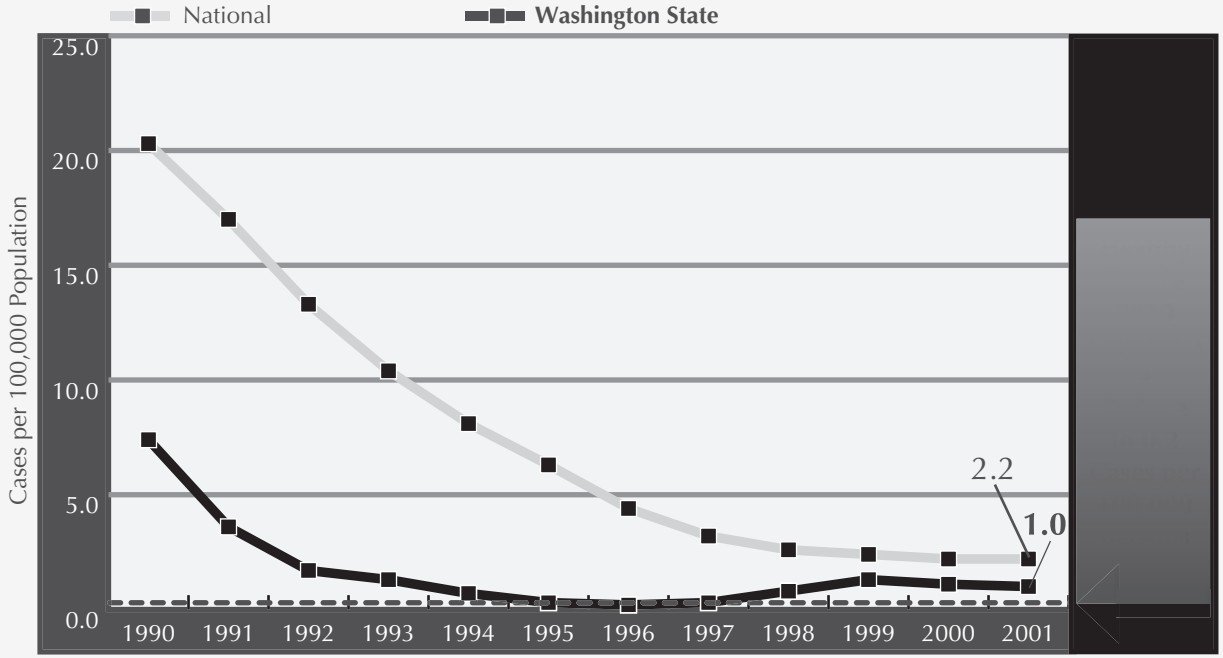
Of the 10-15,000 injection drug users (IDUs) in Seattle-King County, 85% are infected with hepatitis C virus (HCV). Recent incidence studies indicate that 21% of non-infected Seattle-area IDUs acquire HCV each year.[1] New research indicates that HCV may paradoxically increase methadone dose requirements for those receiving opiate substitution treatment.[2]

HCV is the most common chronic bloodborne viral infection in the U.S. It is most commonly transmitted through repeated exposures to blood. Most new cases occur among adults ages 20-39.

The number of acute cases of hepatitis C, both in Washington State and nationally, remains low, at or below one case per 100,000 people. However, chronic HCV affects an estimated four million people in the U.S.[3], and causes an estimated 8,000-10,000 deaths each year from cirrhosis and liver cancer.[4] It is the leading reason for liver transplantation in the U.S. Even moderate alcohol use is known to exacerbate liver injury resulting from HCV.

[1] Community Epidemiology Work Group. *Recent Drug Trends in the Seattle-King County Area,* June 2001. Bethesda, MD: National Institute on Drug Abuse, National Institutes of Health.
[2] "Clinical Concepts – HCV Paradoxically Increases Methadone Dose Requirement," *Addiction Treatment Forum* 9(4), Fall 2000.
[3] U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition), 14-24. Washington, DC, 2000.
[4] Centers for Disease Control and Prevention. "Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease," *Morbidity and Mortality Weekly* 47(RR-10), October 1998.

While Lower than a Decade Ago, Washington State Has Experienced an Increase in the Rate of Primary and Secondary Syphilis.



Source: National data from STD Surveillance System, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention. State data from STD/TB Services and Infectious Disease and Reproductive Health Assessment Unit, Washington State Department of Health, *Sexually Transmitted Disease Morbidity, 2001– Washington State.*

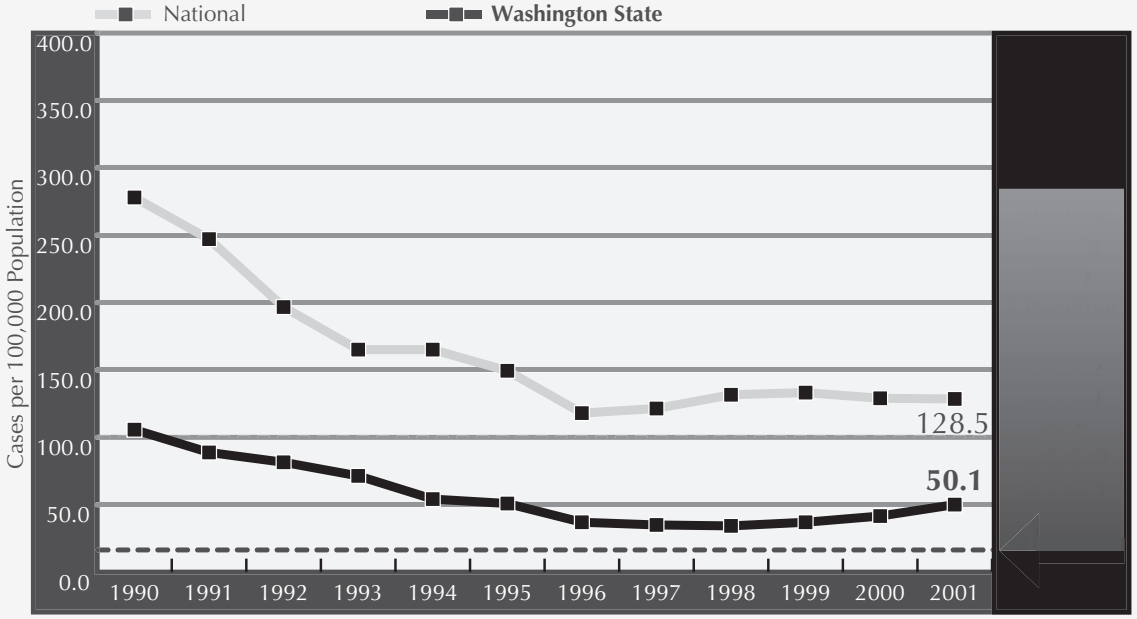
The spread of sexually transmitted diseases (STDs), including syphilis, is often linked to the use of alcohol and other drugs. The introduction of new illicit substance use into a community often can substantially alter sexual behavior in high-risk sexual networks. Increases in the exchange of sex for drugs, increases in the number of anonymous sex partners, decreases in motivation to use barrier protection, lowered ability to negotiate safe sex practices, and declines in attempts to seek medical treatment can all fuel epidemic spread of STDs.[1]

From a low of nine cases in 1996, Washington State has experienced a substantial increase in the number of primary and secondary (P&S) syphilis cases. There were 57 cases in 2001, 41 of them in King County. Transmission seems to be centered among men having sex with men[2], and may be associated with substance abuse, notably methamphetamine and inhaled nitrites.[3] Counts of P&S syphilis cases may understate the problem, as cases are often diagnosed after they have gone beyond the primary and secondary stages and become latent.

[1] U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition), 25-5. Washington, DC, 2000.
[2] STD/TB Services and Infectious Disease and Reproductive Health Assessment Unit, Washington State Department of Health, *Sexually Transmitted Disease Morbidity, 2001– Washington State.* Olympia, WA, 2002.
[3] Public Health – Seattle & King County. *Screening Guidelines for Men Who Have Sex with Men (MSM).* Seattle, WA, 2001.

NEW/CHANGING TREND

Gonorrhea Rates in Washington State Have Increased More than 50% Since 1998.



Source: National data from STD Surveillance System, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention. State data from STD/TB Services and Infectious Disease and Reproductive Health Assessment Unit, Washington State Department of Health, *Sexually Transmitted Disease Morbidity, 2001-- Washington State.*

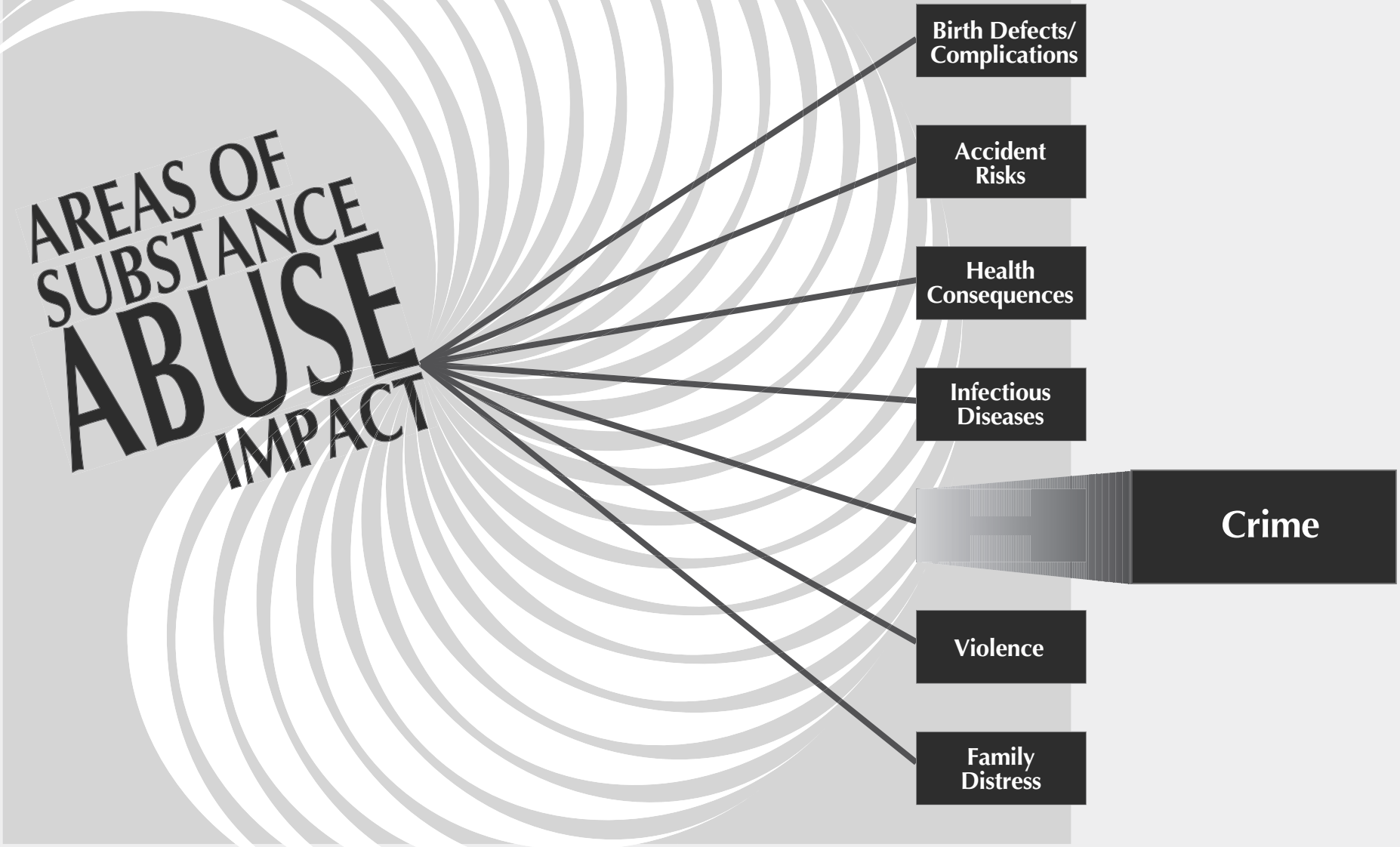
The spread of sexually transmitted diseases (STDs), including gonorrhea, is often associated with substance abuse. Increases in the exchange of sex for drugs, increases in the number of anonymous sex partners, decreases in motivation to use barrier protection, lowered ability to negotiate safe sex practices, and declines in attempts to seek medical treatment can all fuel epidemic spread of STDs.[1]

While lower than historic levels, Washington State is experiencing a serious resurgence in gonorrhea cases, from 1,949 cases in 1998 to 2,991 cases in 2001, representing a 53.5% increase. From 2000 to 2001, the rate of gonorrhea cases in Washington State rose from 41.6 per 100,000 people to 50.1 per 100,000, representing a 20.4% increase. Much of this increase is associated with cases among men having sex with men in King County, where the rate has more than doubled since 1997, and may be as much as six times greater than for heterosexuals.[2]

Gonorrhea infections are a major cause of pelvic inflammatory disease, tubal infertility, ectopic pregnancy, and chronic pain. Gonorrhea rates also serve as an indicator for other STDs.[3]

[1] U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition), 25-5. Washington, DC, 2000.
[2] STD/TB Services and Infectious Disease and Reproductive Health Assessment Unit, Washington State Department of Health, *Sexually Transmitted Disease Morbidity, 2001-- Washington State.* Olympia, WA, 2002.
[3] *Ibid.*

The Problem: Substance Abuse Prevalence & Trends



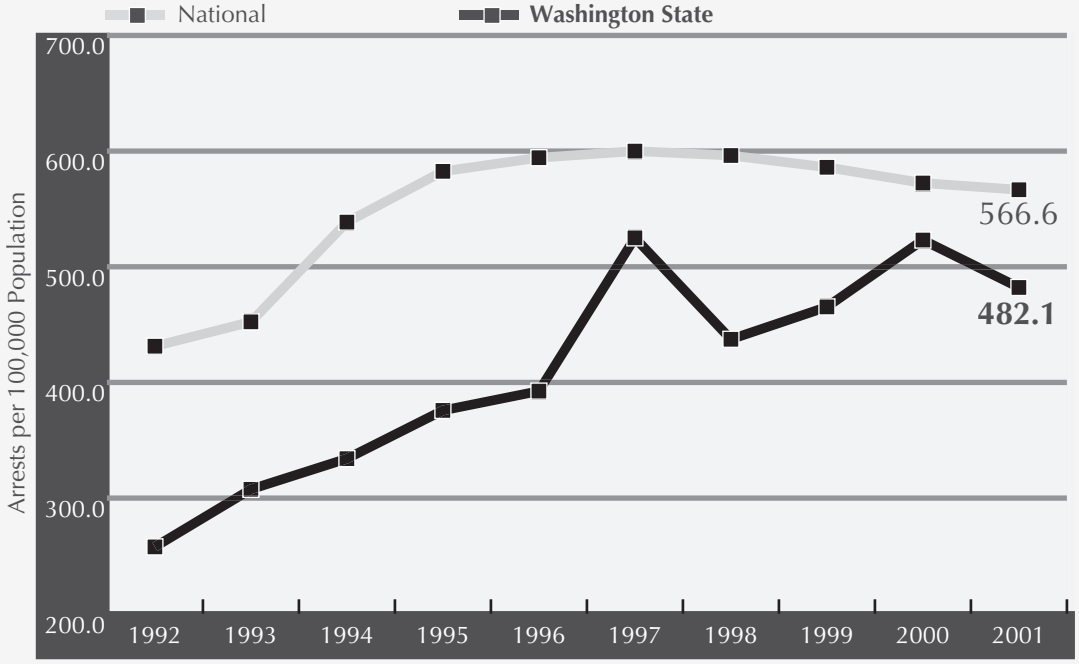
Alcohol-Related Motor Vehicle Arrest Rates in Washington State Have Remained Steady for the Past Seven Years.

Source: National data from the Federal Bureau of Investigation, U.S. Department of Justice, *Crime in the United States* Annual Reports. State data from Washington State Patrol Breathalyzer Database.

Data for alcohol-related motor vehicle arrests may reflect a jurisdiction's laws, enforcement policy, financial resources, and officer discretion, in addition to the actual number of alcohol-related driving incidents. Washington State enacted new alcohol-related motor vehicle statutes in 1998 – including lowering the blood alcohol concentration for proof of intoxication from .10 to .08, and zero tolerance for drivers under age 21. While these statutes have not resulted in higher arrest rates, they have resulted in lower alcohol-related motor vehicle fatality rates.[1]

[1] Salzberg, Philip, and Anne Yamada. *Drunk Driving Trends in Washington State: Evaluation of the 1998 DUI Laws*. Olympia, WA: Traffic Research and Data Center, Washington State Traffic Safety Commission, 2002.

Washington State Has a Lower Arrest Rate for Drug Abuse Violations than the Nation.



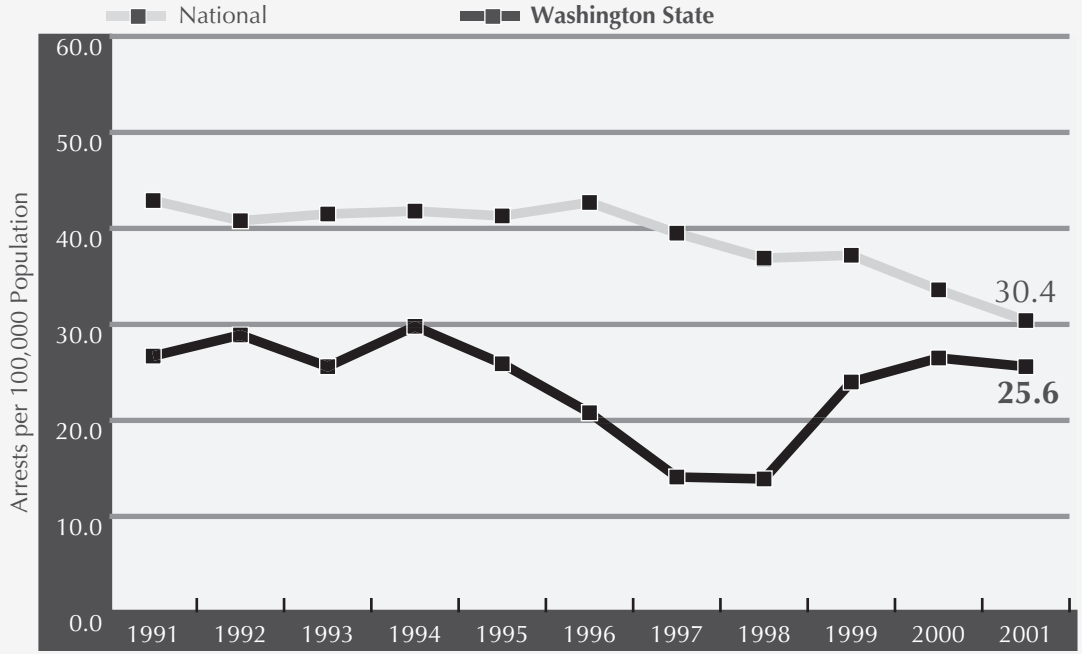
Source: National data from the Federal Bureau of Investigation, U.S. Department of Justice, *Crime in the United States* annual reports. State data from Washington Association of Sheriffs & Police Chiefs, *Crime in Washington* annual reports.

This graph indicates that although fewer drug-related arrests per capita occur in Washington State than the nation, the rate is increasing. Arrests made for drug abuse violations provide a direct measure of illegal activity related to substance abuse. A drug abuse violation is any transgression of state or local laws that results from the unlawful possession, sale, use, growing, or manufacture of narcotic drugs. Arrest data may reflect a jurisdiction's financial resources, enforcement policy, and officer discretion, as well as the actual level of drug-related criminal activity.

There were 28,043 arrests in Washington State for drug abuse violations in 2001. In 2000, 64.2% of the males and 73.9% of females arrested and booked in King County jails tested positive for illicit drugs. In Spokane, 57.9% of males and 41.7% of females tested positive.[1] Under sentencing reform legislation enacted in the 2002 Legislative Session, an individual arrested and filed upon by the prosecutor for a drug-related offense is now more likely to receive chemical dependency treatment as part of a diversion program or in lieu of incarceration after conviction.

[1] Office of Justice Programs, National Institute of Justice. *Arrestee Drug Abuse Monitoring Program 2000 Annualized Site Reports* (Prerelease). Washington, DC: U.S. Department of Justice, 2001.

Arrest Rates in Washington State for Prostitution are Below the National Rate.



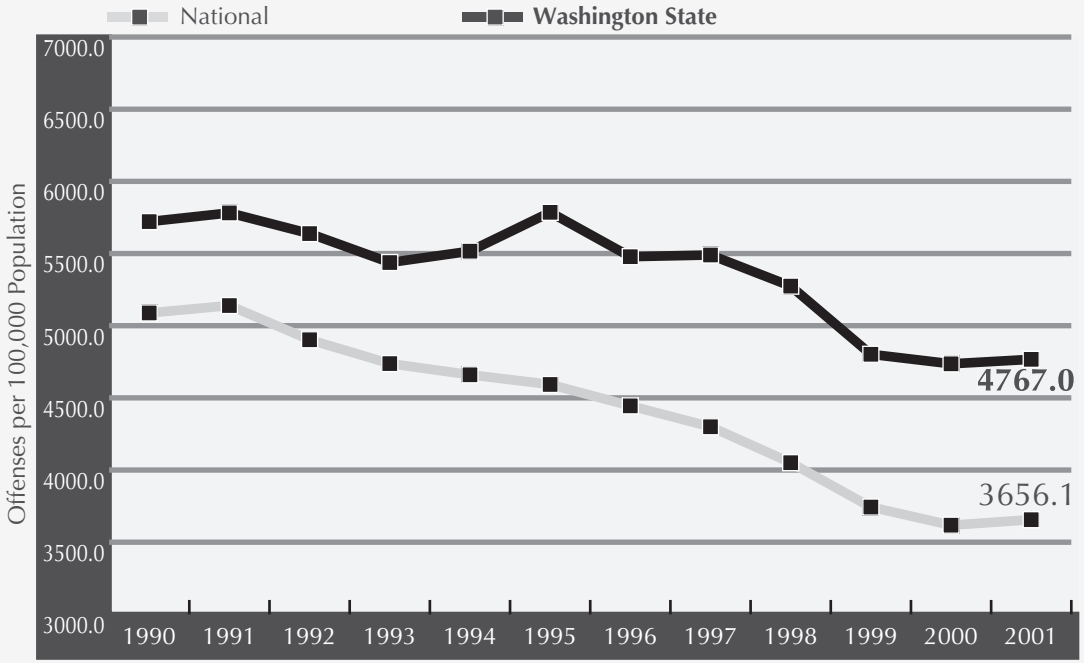
Source: National data from the Federal Bureau of Investigation, U.S. Department of Justice, *Crime in the United States* annual reports. State data from Washington Association of Sheriffs & Police Chiefs, *Crime in Washington* annual reports.

The Arrestee Drug Abuse Monitoring Program reports that 78.3% of those arrested for prostitution in Seattle in 1999 tested positive for illegal drugs, mostly for cocaine.[1]

This graph indicates that arrest rates for prostitution in Washington State are significantly lower than that of the nation. It should be noted that arrest rates may be influenced by a jurisdiction's financial resources, enforcement policy, and officer discretion, as well as the actual level of criminal activity.

[1] Office of Justice Programs, National Institute of Justice. *Arrestee Drug Abuse Monitoring Program 1999 Annual Report*, 60. Washington, DC: U.S. Department of Justice, 2000.

Washington State Has a Higher Property Crime Index than the Nation.



Source: National data from the Federal Bureau of Investigation, U.S. Department of Justice, *Crime in the United States* annual reports. State data from Washington Association of Sheriffs & Police Chiefs, *Crime in Washington* annual reports.

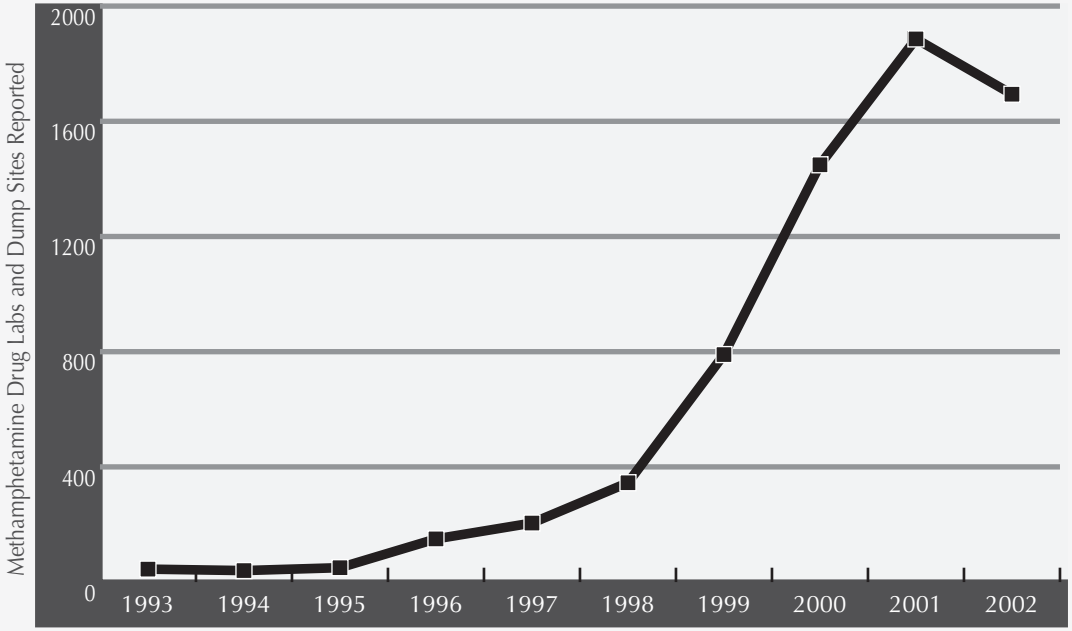
The Arrestee Drug Abuse Monitoring Program found that in 2000, 73.4% of males arrested for property offenses in King County, and 71.5% arrested for property offenses in Spokane County tested positive for illegal drugs.[1]

This graph indicates that the Washington State property crime index is higher than the nation's, but is in a downward trend. The property crime index includes burglary, larceny-theft, motor vehicle theft, and arson. Distinct from arrest data, this index counts one offense for each victim who reports a property crime to the police, regardless of the number of offenders involved.

[1] Office of Justice Programs, National Institute of Justice. *Arrestee Drug Abuse Monitoring Program 2000 Annualized Site Reports* (Prerelease), 139-146. Washington, DC: U.S. Department of Justice, 2001.

For the First Time in a Decade, the Number of Reported Methamphetamine Laboratories in Washington State has Dropped.

Number of Reported Meth Labs and Dump Sites



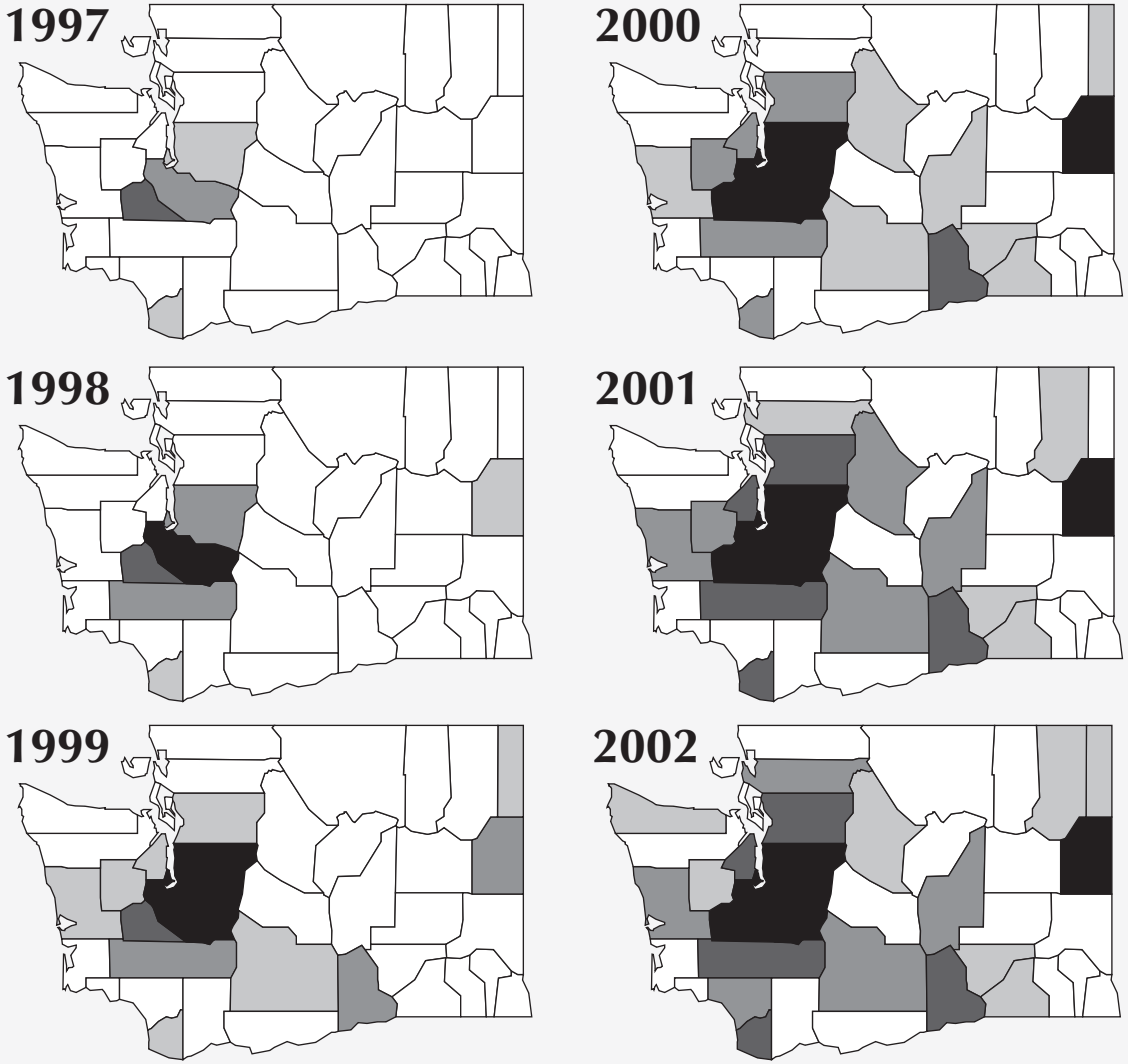
Source: Washington State Department of Ecology, 2003.

This graph indicates that after dramatic increases since 1994, the number of illegal methamphetamine (meth) laboratories and dumpsites reported to the Department of Ecology dropped by 10.2% in 2002. This downward swing confirmed by the fact that the number of labs reported in the second half of 2002 (719) was substantially lower than in the first half (975). On a monthly basis, the number of reports peaked in February 2001 (202). The largest number of reports in 2002 came from Pierce (438), King (241), Spokane (190), and Thurston (115) Counties. The most rapid growth in reports was in Grant County, from no reports in 1998 to 46 reports in 2002.

It is likely, but not yet substantiated, that the number of meth lab reports reflects the level of illicit use of the drug in a community. It is also possible, however, that drug dealers are now importing finished product from elsewhere, rather than manufacturing it. It is now estimated that only one third of the methamphetamine used in Washington State is produced here.[1] Anecdotal reports also suggest that meth users may be increasingly turning to heroin use.

[1] Banta-Green, Caleb. *Washington State Drug Use Epidemiology.* Seattle, WA: Alcohol & Drug Abuse Institute, University of Washington, 2003.

Distribution of Methamphetamine Drug Laboratories and Dump Sites Reported by County



Source: Washington State Department of Ecology

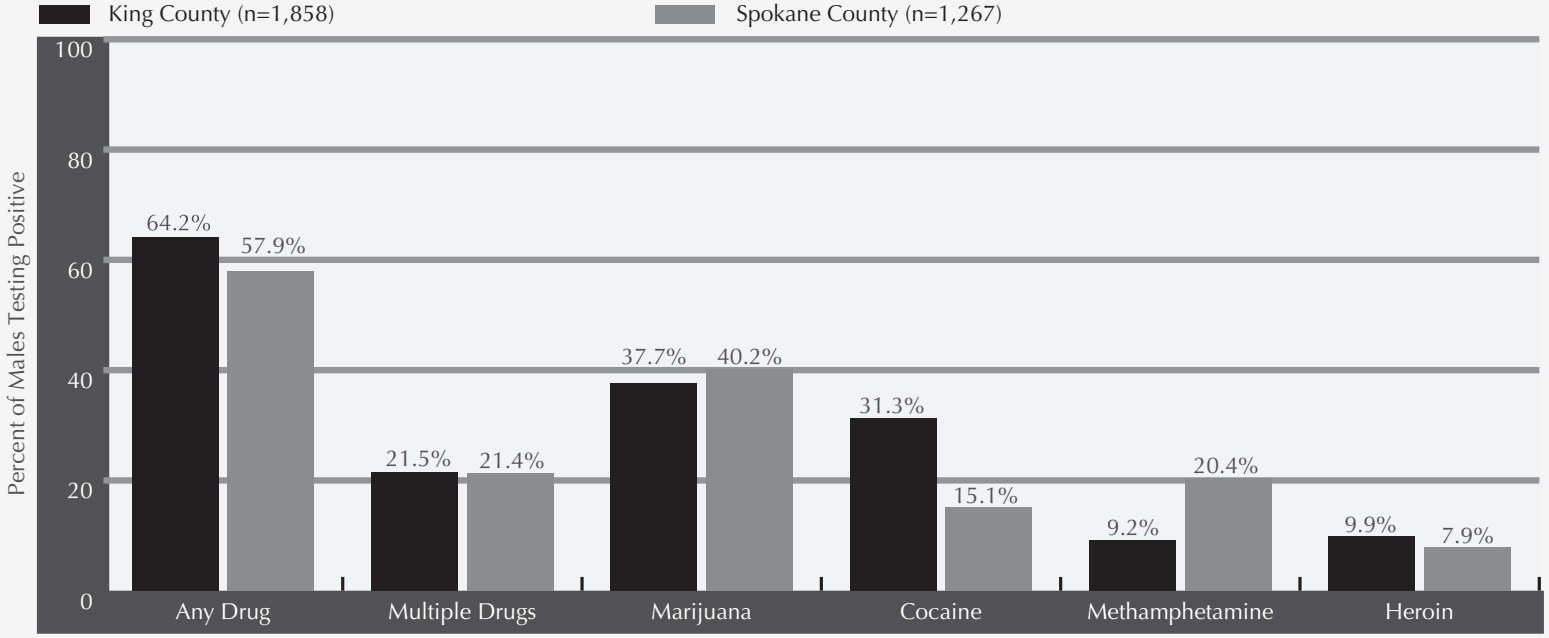
These maps indicate widespread increase in reports of methamphetamine drug labs and dump sites by county. In 1991, only two counties - Pierce and King - had as many as ten reports. There have been huge increases in reports since then: in Pierce, from 18 to 543; King, from ten to 231; Thurston from four to 139; Spokane, from zero to 137; and Benton from zero to 52. As can be seen from the maps, the epidemic is spreading rapidly to virtually all portions of the state.

Number of Reported Methamphetamine Laboratories and Dump Sites in Washington State

County	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Adams	-	-	-	-	-	1	-	1	-	3	4
Asotin	-	-	-	-	-	-	-	1	1	5	3
Benton	-	-	-	1	3	4	7	38	52	85	87
Chelan	-	1	-	1	1	-	-	2	14	34	15
Clallam	-	-	1	1	1	3	3	-	1	3	10
Clark	4	1	3	3	12	20	12	16	34	57	57
Columbia	-	-	-	-	-	-	-	1	3	2	1
Cowlitz	3	1	-	1	3	9	2	8	7	9	28
Douglas	-	-	-	-	-	-	1	1	6	5	7
Ferry	-	-	-	-	-	-	-	-	7	4	0
Franklin	-	-	-	-	-	-	1	8	10	15	11
Garfield	-	-	-	-	-	-	-	2	-	-	4
Grant	2	-	-	1	-	-	-	2	19	27	46
Grays Harbor	-	2	2	1	3	5	5	16	24	41	32
Island	-	-	-	1	-	1	2	5	1	5	5
Jefferson	-	-	-	-	-	1	1	2	7	6	4
King	2	7	7	10	23	17	48	107	231	271	241
Kitsap	2	1	-	-	3	-	1	21	45	54	60
Kittitas	-	1	-	1	-	-	1	3	-	5	3
Klickitat	1	-	-	1	1	1	3	-	6	4	2
Lewis	1	2	3	4	7	9	31	33	43	61	83
Lincoln	-	-	-	-	-	-	-	-	-	5	3
Mason	-	2	-	-	4	4	10	21	32	30	22
Okanogan	1	-	-	-	-	2	3	2	2	3	3
Pacific	-	-	-	1	-	4	1	6	2	3	4
Pend Oreille	-	1	-	-	-	2	6	10	12	5	12
Pierce	18	12	17	17	53	42	129	318	545	589	438
San Juan	-	-	-	-	-	-	-	-	-	1	1
Skagit	-	1	-	1	-	-	4	2	5	11	34
Skamania	-	-	-	-	-	-	-	2	1	2	3
Snohomish	-	2	-	-	7	6	5	13	37	69	83
Spokane	-	-	1	2	1	7	11	36	137	248	189
Stevens	-	-	-	-	1	1	-	5	4	15	10
Thurston	5	4	2	6	25	63	58	86	139	151	115
Wahkiakum	-	-	-	-	-	-	-	1	-	2	2
Walla Walla	-	-	-	-	-	-	2	8	12	16	15
Whatcom	-	1	-	-	-	-	-	-	-	5	9
Whitman	-	-	-	-	-	-	-	-	1	3	4
Yakima	-	2	-	1	5	1	2	12	14	36	43
TOTAL	**39**	**41**	**36**	**54**	**153**	**203**	**349**	**789**	**1,454**	**1,890**	**1,693**

Source: Washington State Department of Ecology.

Over Half of Males Arrested and Booked Into Jails in King and Spokane Counties in 2000 Tested Positive for Drugs.



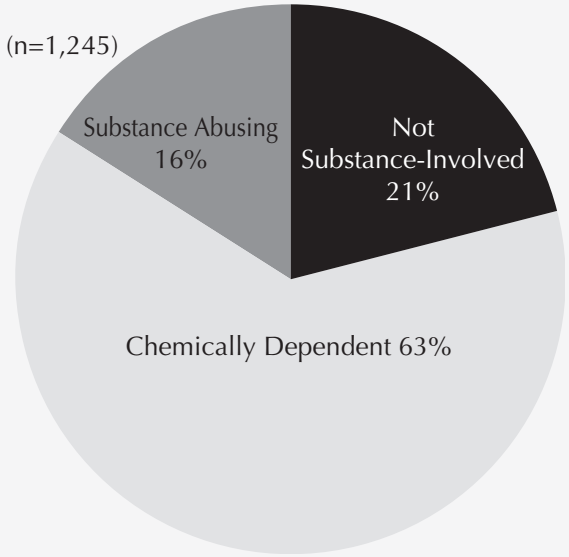
Source: Office of Justice Programs, National Institute of Justice, U.S. Department of Justice, *Arrestee Drug Abuse Monitoring Program 2000 Annualized Site Reports*, 2001.

Through the Arrestee Drug Abuse Monitoring Program, individuals arrested and booked into jails in King and Spokane Counties are periodically tested via urine sampling for drug use at time of booking. Some 64.2% of male King County arrestees and 57.9% of male Spokane County arrestees tested positive for drugs in 2000. In addition, more than 70% of those booked for property offenses tested positive.

There are regional differences. The percentage of male King County arrestees testing positive for cocaine is twice the percentage of those in Spokane County. In contrast, the percentage of male arrestees in Spokane County testing positive for methamphetamine is double that of those in King County.[1]

[1] Office of Justice Programs, National Institute of Justice. *Arrestee Drug Abuse Monitoring Program 2000 Annualized Site Reports.* Washington, DC: U.S. Department of Justice, 2001.

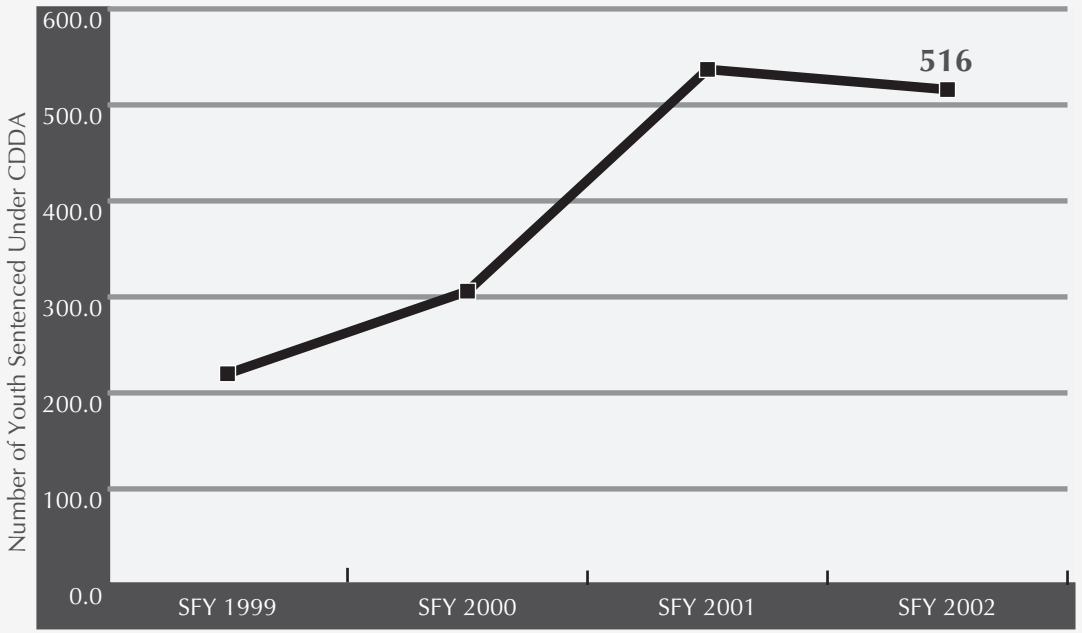
Approximately 79% of Youth Entering Juvenile Rehabilitation Administration Facilities Have Substance Abuse-Related Problems.



Source: Client Tracking System, Juvenile Rehabilitation Administration, Washington State Department of Social and Health Services, February 2003.

Four out of five youths entering Juvenile Rehabilitation Administration (JRA) institutions have substance abuse-related problems. JRA offers a continuum of chemical dependency treatment services within its facilities. All services are certified by the Division of Alcohol and Substance Abuse (DASA). Approximately 56 youth are served each month, receiving inpatient, intensive outpatient, outpatient, and day treatment.

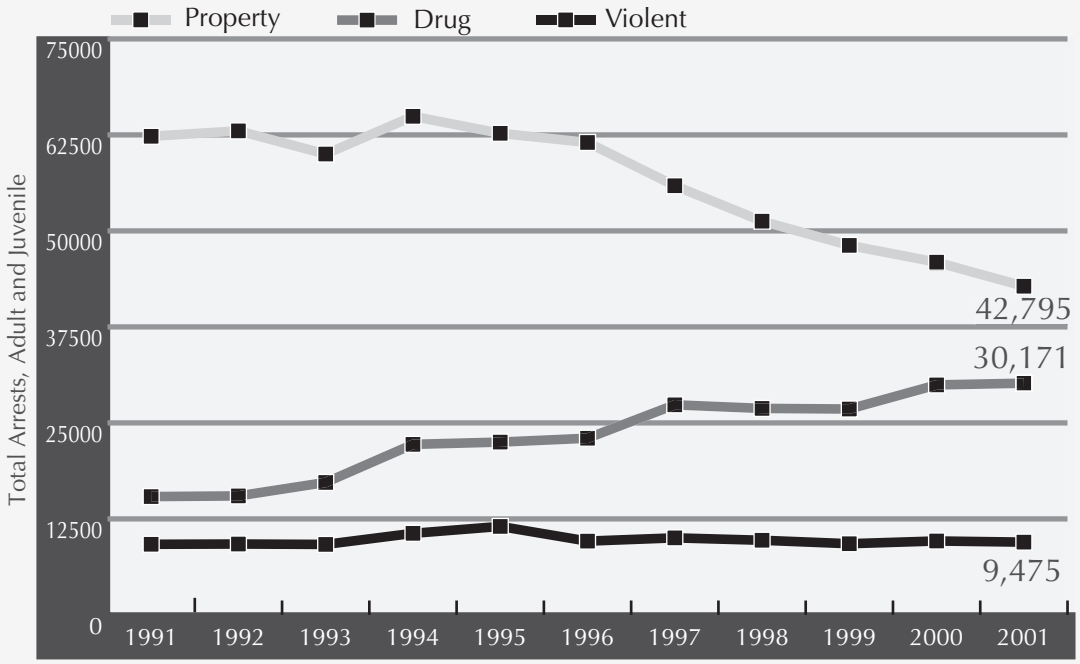
In State Fiscal Year 2002, 516 Youths Who Committed Offenses Received Treatment Under the Chemical Dependency Disposition Alternative.



Source: Client Tracking System, Juvenile Rehabilitation Administration, Washington State Department of Social and Health Services.

In 1998, the Legislature created the Chemical Dependency Disposition Alternative (CDDA). Under CDDA, juvenile courts are provided the option of sentencing chemically abusing and dependent youth to treatment rather than confinement. CDDA represents a collaboration between the Juvenile Rehabilitation, the Division of Alcohol and Substance Abuse, the Medical Assistance Administration, local juvenile courts, University of Washington, and county alcohol/drug coordinators. Annual reports are provided to the Legislature on the effectiveness of CDDA programs. An outcome evaluation currently underway will examine CDDA's effectiveness in decreasing recidivism, reducing substance abuse, and improving school performance.

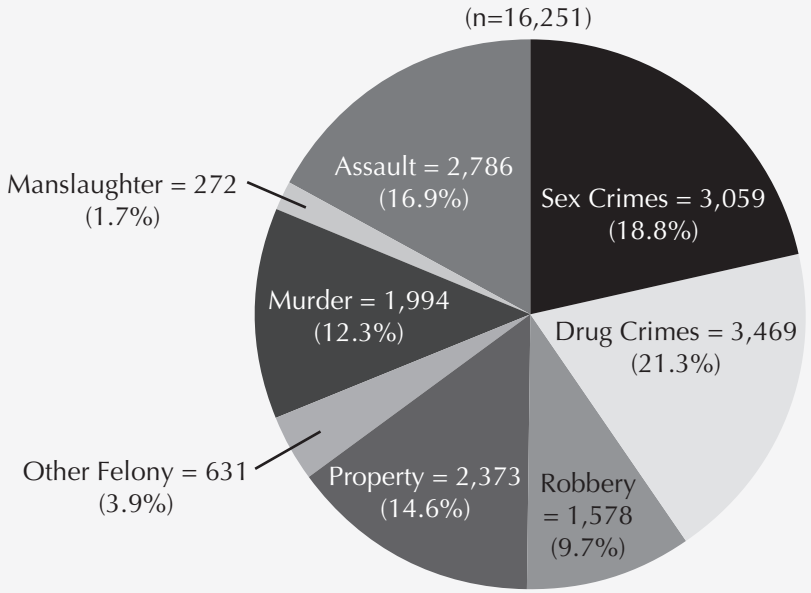
Arrests for Drug Offenses in Washington State Have Doubled Since 1991.



Source: Washington Association of Sheriffs and Police Chiefs, *Crime in Washington* annual reports; data adjusted by the Washington State Caseload Forecast Council.

Arrests in Washington State for drug offences have climbed from 15,494 in 1992 to 30,117 in 2001. During this same period, arrests for violent crime have remained stable, and arrests for property crime have dropped precipitously. Arrest data may reflect a jurisdiction's financial resources, enforcement policy, and officer discretion, as well as the actually level of drug-related or other criminal activity.

More Inmates in Department of Corrections Custody are Convicted of Drug Offenses than Any Other Class of Crime.

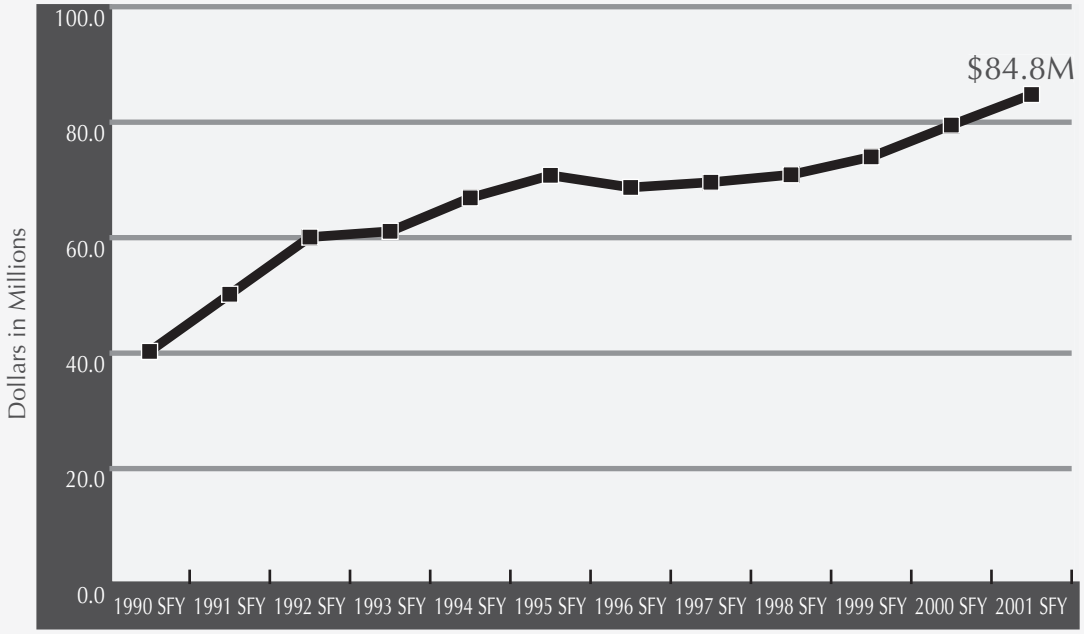


Source: Planning and Research Section, Washington State Department of Corrections, *Client Characteristics, Population Movement, and Custody: Fiscal Year 2003, As of December 31, 2002*.

More than one in five inmates in the custody of the Department of Corrections – in prisons, pre-release facilities, and work release – were convicted of drug offenses, making drug crimes the largest category of offenses. Between 60-80% of inmates are estimated to be in need of chemical dependency treatment.[1] More than half of males arrested for violent offenses in King and Spokane Counties tested positive for illegal drugs.[2]

[1] Washington State Department of Corrections, January 2002.
[2] Office of Justice Programs, National Institute of Justice. *Arrestee Drug Abuse Monitoring Program 2000 Annualized Site Reports*, 139-146. Washington, DC: U.S. Department of Justice, 2001.

Costs of Imprisoning Felony Drug Offenders in Washington State Have Doubled Since 1991.*

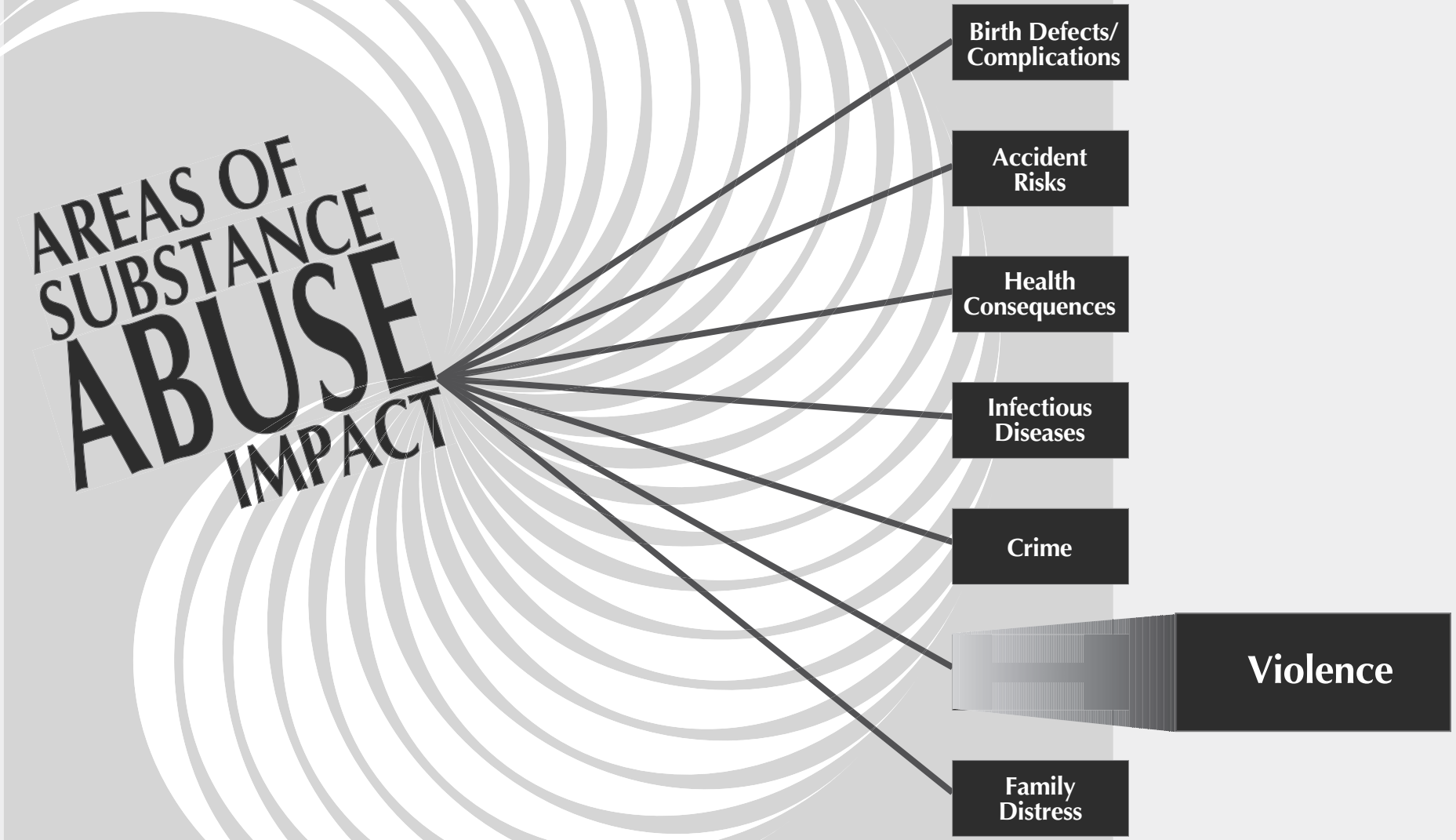


Source: Washington State Department of Corrections; Office of Program Research, Washington State House of Representatives.

Costs for imprisoning felony drug offenders in Washington State are growing faster than those for imprisoning other types of offenders. The number of imprisoned drug offenders has increased from 1,822 in SFY 1991 to 3,334 in SFY 2002. Some of this increase is due to longer sentences. New sentencing reform initiatives will divert a larger portion of drug offenders into chemical dependency treatment.

**Operating expenses only; excludes capital and supervision costs.*

The Problem: Substance Abuse Prevalence & Trends



Washington State Has a Lower Homicide Rate than the Nation, and Has Now Reached the *Healthy People 2010* Objective.

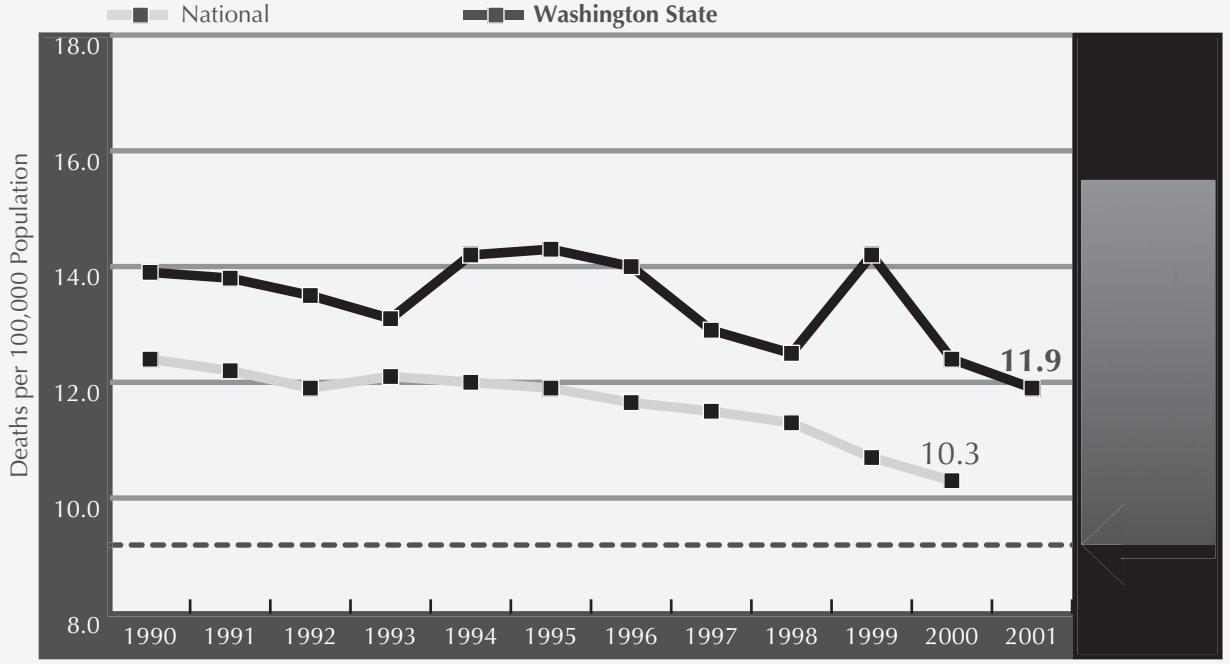
Source: National data from the Federal Bureau of Investigation, U.S. Department of Justice, *Crime in the United States – 2001*. State data from the Center for Health Statistics, Washington State Department of Health.

The number of drug-related homicides in Washington State dropped substantially in 2001, to a total of six. Some 15 of the 142 non-felony homicide deaths (10.6%) in Washington State in 2001 occurred as a result of brawls while under the influence of alcohol.[1]

This graph indicates that Washington State's homicide rate has been lower than the national rate for more than a decade, has dropped significantly since 1995, and has now reached the *Healthy People 2010* objective.

[1] Washington Association of Sheriffs & Police Chiefs, *Crime in Washington 2001 Annual Report*. Olympia, WA: 2002.

Washington State Has a Consistently Higher Suicide Rate than the Nation.



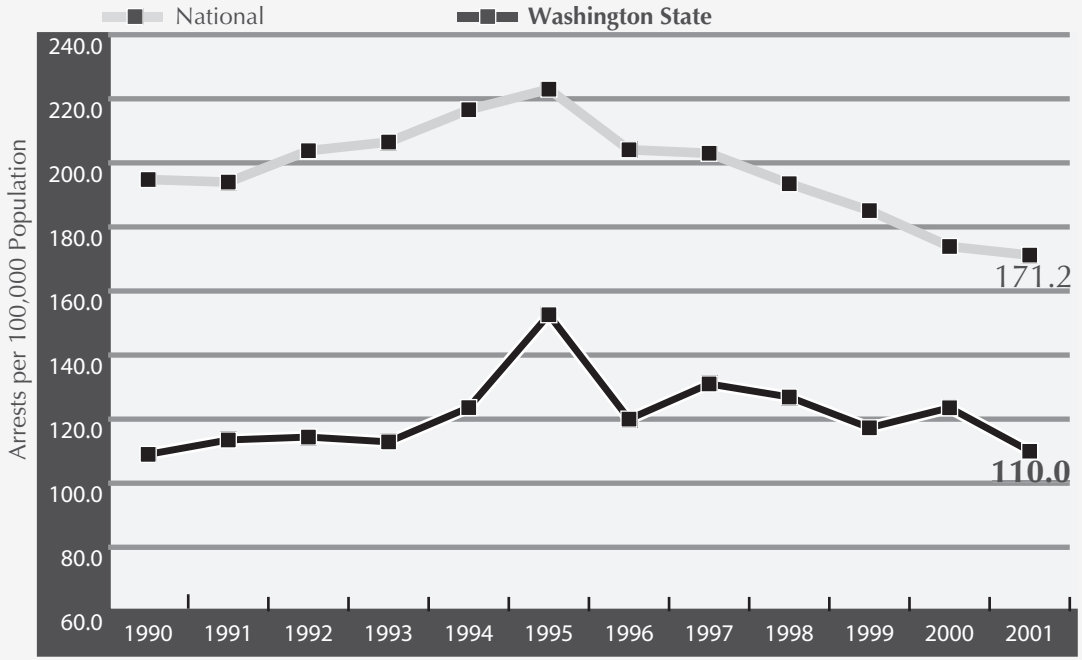
Source: National data from the National Vital Statistics System, National Center for Health Statistics, Centers for Disease Control and Prevention. State data from Center for Health Statistics, Washington State Department of Health.

Alcohol and drug abuse are closely associated with the risk of suicide. A 1997 study found that use of alcohol almost doubles the risk of suicide in the home, while use of illegal drugs is associated with a seven-fold increase in risk.[1]

Washington has a consistently higher suicide rate than the nation. Suicide remains the second leading cause of death among young people ages 15-24 in Washington State.

[1] Rivara, F. et al. "Alcohol and Illicit Drug Abuse and the Risk of Violent Death in the Home," *Journal of the American Medical Association* 278(7), 1997, 569-575.

The Arrest Rate for Aggravated Assault in Washington State Remains Well Below the National Rate.



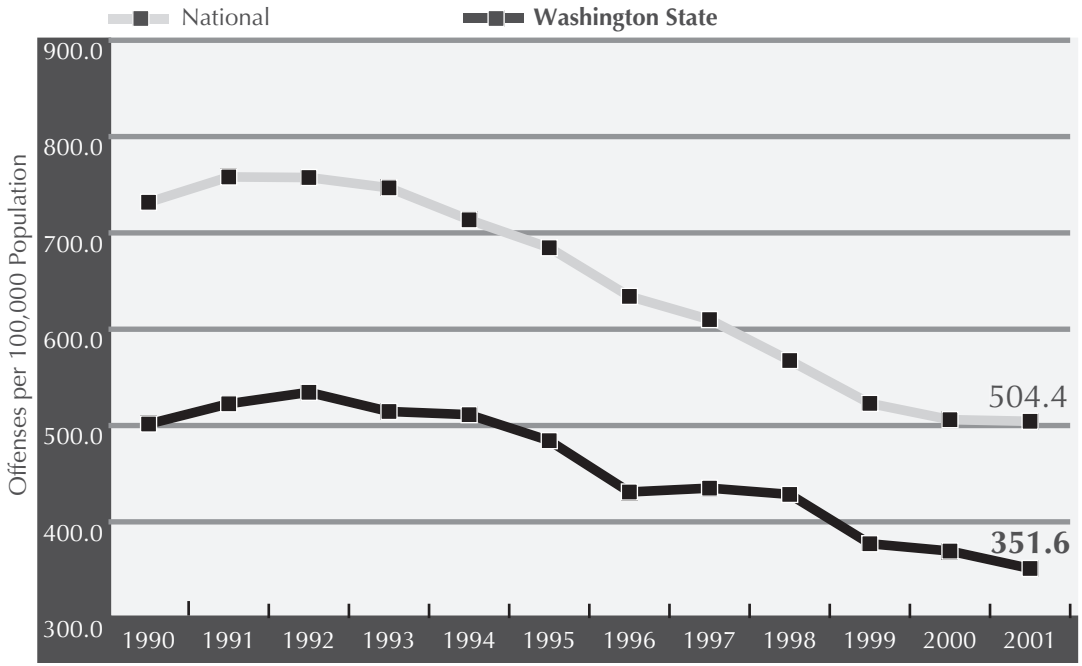
Source: National and state data from the Federal Bureau of Investigation, U.S. Department of Justice, *Crime in the United States* annual reports.

The federal Uniform Crime Reporting Program defines an aggravated assault as the unlawful attack by one person on another for the purpose of inflicting or aggravating bodily injury. An assault of this type is usually accompanied by the use of a weapon, or by means likely to produce death or severe harm.

This graph indicates that Washington State has a consistently lower rate of aggravated assault arrests than the nation. Arrest data may reflect a jurisdiction's financial resources, enforcement policy, and officer discretion, as well as the actual level of criminal activity.

[1] Federal Bureau of Investigation, Uniform Crime Reporting Handbook, 16. Washington, DC: U.S. Department of Justice, 1984.

Washington State Consistently Has a Lower Rate of Violent Crime than the Nation.



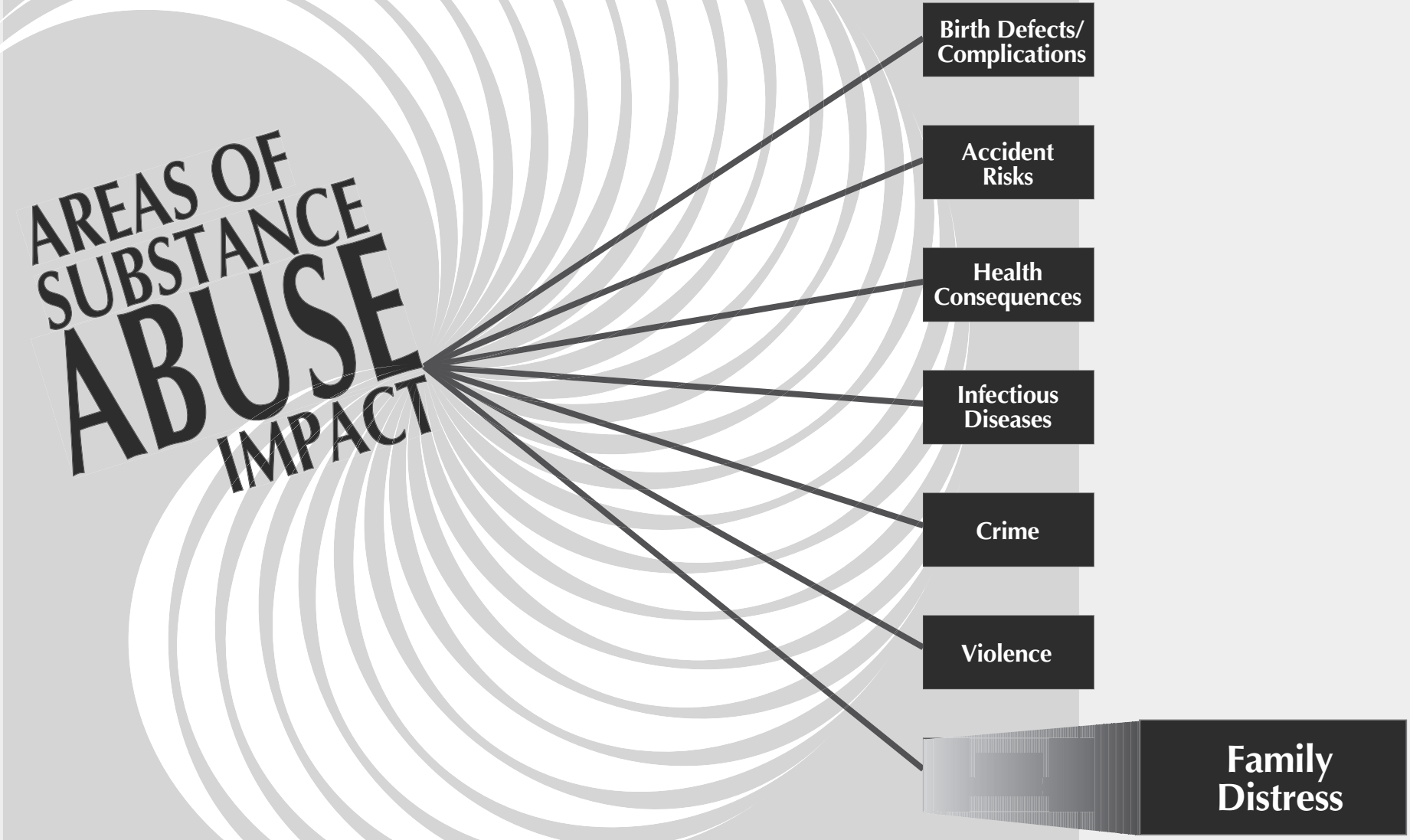
Source: National and state data from the Federal Bureau of Investigation, U.S. Department of Justice, *Crime in the United States* annual reports.

This graph indicates that Washington State has had a consistently lower incidence of violent crime than the nation for more than a decade. Violent crime rates are falling, both in the state and the nation. The Arrestee Drug Abuse Monitoring Program found that in 2001, 63.6% of males arrested for violent offenses in King County and 61.6% of males arrested for violent offenses in Spokane County tested positive for illegal drugs.[1]

The most serious felony crimes against persons comprise the violent crime index. These offenses include murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault. All violent crimes involve force or the threat of force. This index is based upon offenses that become known to police, regardless of whether or not an arrest occurs.

[1] Arrestee Drug Abuse Monitoring Program, Office of Justice Programs, National Institute of Justice. *Drug Use and Related Matters Among Adult Arrestees, 2001*. Washington, DC: U.S. Department of Justice, 2002.

The Problem: Substance Abuse Prevalence & Trends



The Divorce Rate in Washington State Has Dropped Significantly Over the Past Decade.

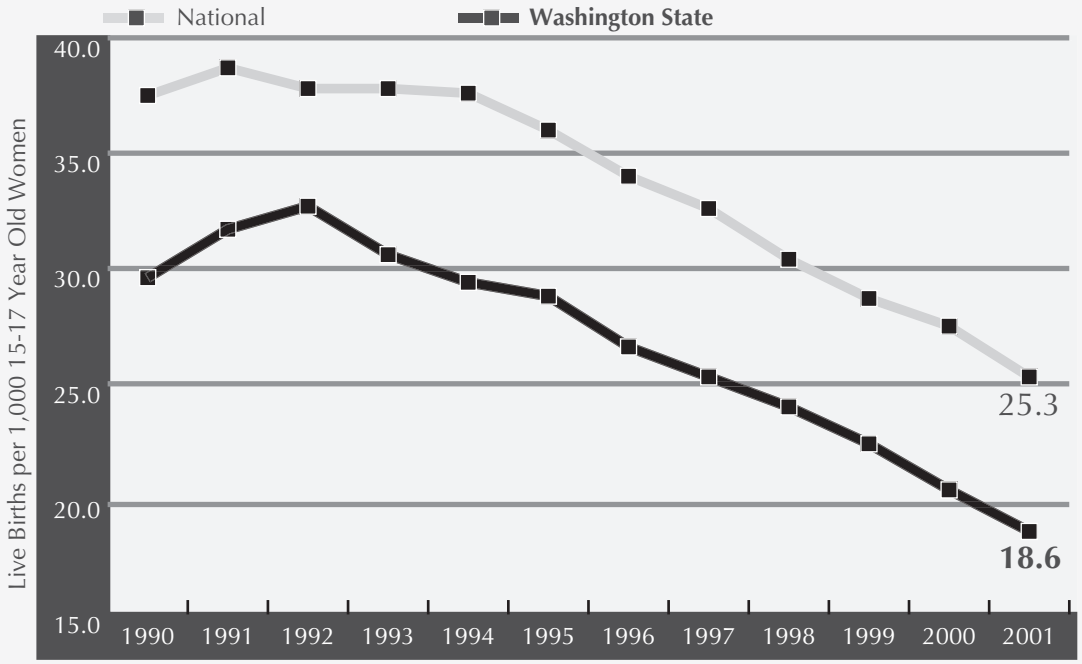
Source: National data from the National Vital Statistics System, National Center for Health Statistics, Centers for Disease Control and Prevention. State data from Center for Health Statistics, Washington State Department of Health.

Studies indicate that children from homes broken by marital discord are at higher risk of drug use.[1]

This graph indicates that couples in Washington State experience more divorces (including annulments) than couples nationwide. In 2001, at least 52.1% of the 26,451 divorces in Washington State involved families with children.[2]

[1] Kabel, J. et al. *Profile on Risk and Protection for Substance Abuse Planning in Washington State.* Olympia, WA: Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse and Research and Data Analysis, 1997.
[2] Washington State Department of Health, Center for Health Statistics, 2002.

The Birth Rate Among Teens Ages 15-17 in Washington State is in Steep Decline.



Source: National data from the National Vital Statistics System, National Center for Health Statistics, Centers for Disease Control and Prevention. State data from Center for Health Statistics, Washington State Department of Health.

Teen pregnancy is associated with alcohol and other drug use. In a survey of women in Washington State who were 18 years of age or younger at the time of their first pregnancy, almost one-quarter reported having used alcohol or another drug when they first became pregnant, and 36% reported that their partner used alcohol or drugs at that time.[1] Alcohol and drug use in pregnancy is closely associated with a range of health effects among children, including Fetal Alcohol Syndrome and mental retardation. In addition, maternal age is a significant risk factor for infant mortality.[2]

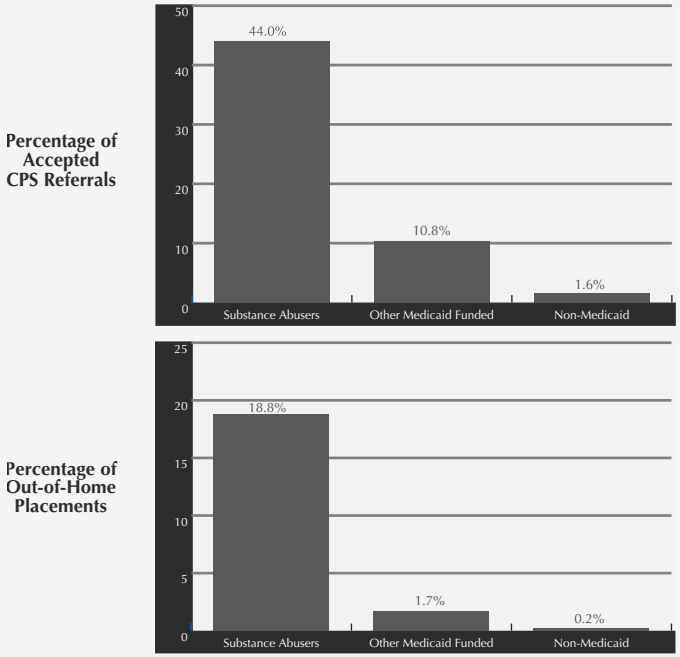
This graph indicates that the number of births per thousand among teens ages 15-17 is lower in Washington State than the nation, and continues to fall. It is now at its lowest level in two decades. In 2001, births to women under age 18 represented 2.9% of all births in Washington State.[3]

[1] Boyer, D, & Fine, D. "Sexual Abuse as a Factor in Adolescent Pregnancy and Child Maltreatment," *Family Planning Perspectivies* 241(1), 1992, 4-12.
[2] U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition), 16-3. Washington, DC: 2000.
[3] Washington State Department of Health, Center for Health Statistics, 2002.

Infants Born to Low-Income Substance-Abusing Women Account for a Disproportionate Share of Child Protective Service (CPS) Referrals and Out-of-Home Placements.

44% of Infants Born to Substance-Abusing Women Were Reported at "High Risk" of Imminent Harm.

18% of Infants Born to Substance-Abusing Women Were Placed Out of Home.



Source: Cawthon, L., & Schrager. First Steps Database: *Substance Abuse, Treatment, and Birth Outcomes*. Office of Research and Data Analysis, Washington State Department of Social and Health Services, 1995.

Researchers have consistently found an association between alcohol and other drug abuse and virtually all forms of interpersonal violence, including child abuse and neglect. The 1997 Child Maltreatment report from states to the National Child Abuse and Neglect Data System found approximately 984,000 victims of child maltreatment. Neglect accounted for 55.9% of these reports, followed by 24.6% for physical abuse, 12.5% for sexual abuse, and 6.1% for emotional abuse. It should be noted that 58.8% of the substantiated or indicated reports of maltreatment were from professional sources: legal, medical, social service, or educational professionals.[1]

[1] U.S. Department of Social and Health Services. *Healthy People 2010* (Conference Edition), 15-44. Washington, DC: 2000.